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Typhoid Fever[1]

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TYPHOID fever is an infectious disease which, while it has probably existed for many centuries and has claimed its legions of victims, has but recently yielded to the advance of science. This is, in a way, a seasonal disease. Today in the medical department there are two cases of typhoid fever; as the winter progresses, this disease will disappear from the isolation ward and another, pneumonia, will take its place.

In discussing any disease there are certain headings, mental pegs, upon which we may hang our classified information. First, we must know something of the character of the disease—we try to define it. We then describe the pathology—the changes in the tissue which characterize the particular condition. Historical statements as to its discovery are often not uninteresting. In discussing the etiology or cause of the condition, we may describe the specific organism, if there be one, and later, any other factors which predispose to its development. Next, we shall speak of the symptoms, and finally, some facts relative to the treatment will be presented.

Typhoid fever is an acute, specific, infectious disease. A specific, infectious disease is one which results from the invasion of a particular organism. This organism, the *B. typhosus*, is early found in the blood stream. This explains why physicians secure samples of blood to aid in making their diagnosis. When a bacterium invades the blood stream of the patient, we speak of the condition as being a bacteremia.

You will, no doubt, be interested to know that historically connected with this disease are the names of two physicians who, many years ago, were on the staff of this hospital. These two men, Doctors Pennock and Gerhard, performed a great service to humanity in differentiating typhoid from typhus fever. Typhus had been the scourge of the Eastern countries for many centuries. Until about 1835, it was thought that typhoid fever and typhus fever were identical, and that the former was a mild form of the latter. These two young doctors visited Paris, and while there observed a number of these so-called light cases of typhus fever. Later, in Philadelphia, when typhus fever was rampant, they had an opportunity of performing post-mortem examinations on patients who had died of this disease. Certain pathologic conditions in the gastro-intestinal tract led them to wonder

[1] A lecture delivered to the Intermediate Class of the Philadelphia General Hospital School of Nursing.

if these so denominated severe and light cases of typhus fever were not in reality two different disease entities. They announced their findings in a monograph, which was published in the *American Journal of Medical Sciences*, in February, 1837.

The pathology of typhoid fever is very interesting. In the ileum, just before it joins the cecum, there is to be found a number of collections of lymphoid tissue, to which the name, "Peyer's patches," has been given. They consist of the same sort of tissue which is found in the tonsil. In typhoid fever, these patches play a very important part. The typhoid organism, gaining entrance to the body through the gastrointestinal tract, passes through the stomach, and reaches the mucous membrane of the small intestines. Either by direct implantation, or by way of the blood stream, these organisms find lodgment in this tissue. The patches, normally, vary from the size of a five-cent piece, or less, to that of a quarter. They early become congested, swollen and elevated.

From the first to the eighth day of the disease, the above-mentioned changes are taking place. As the disease progresses, these patches become more swollen, so that the blood supply of some becomes inadequate, their small blood vessels being unable to carry sufficient blood to these swollen areas. The expected then occurs, and these lymphatic patches slough away.

There are two stages in the pathology of this disease, as far as the intestinal, lymphatic tissue is concerned, that of swelling or infiltration, and that of sloughing. As this tissue is cast off, the next, or the stage of ulceration takes place. Thus we have the formation of the classical typhoid ulcer. Sometimes there is an actual perforation of the intestinal wall. This is the tragedy of typhoid fever.

I have said that in the pathology of typhoid we are dealing with two conditions: a local condition, which can be observed in the post-mortem examination of the intestinal walls, and a wide-spread tissue change which occurs as a result of the profound toxemia and its accompanying pyrexia, and the presence of typhoid organisms in the blood stream.

The specific organism of typhoid fever is the bacillus typhosus, also called Eberth's bacillus, from the man who first described it. This organism is motile, and about one-third as wide as long. Under the microscope, it can be seen darting back and forth across the field in all directions. It is easily stained with the usual dyes. It grows on the common culture media, such as agar or potato. It is not difficult to isolate, or to culture.

The typhoid bacillus has a rather wide-spread distribution in the body of one ill with the disease. It is found in the gastrointestinal tract in large numbers, particularly in the ileum.

At times the diagnosis of the condition is made by isolating typhoid organisms from the stool. They are found in the blood stream, especially after the first week of the disease has passed. They are present in sweat, in mothers' milk, in urine, in the spleen, and in the mesenteric glands. This information will give you a key to what is required of the nurse, from the standpoint of protecting others.

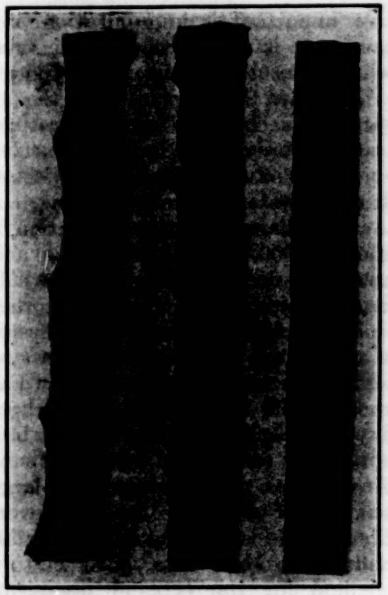
It has never been proven that the typhoid bacillus is able to gain entrance to the body in any other way than through the gastrointestinal tract. After the bacilli have passed through the stomach (many of them having been killed by the gastric hydrochloric acid), they reach the

small intestine. Here, cultural conditions are more favorable, because typhoid bacilli grow best in an alkaline medium.

The factors which predispose to any disease concern themselves with the sex, the age, the occupation of the patient, his geographic location, the climate and season of the country in which he lives. This is true of typhoid fever, which is a seasonal disease. If we were to draw a graph, from the standpoint of typhoid incidence, the highest point (in this latitude) would be in the months of August, September, and October. This does not imply that typhoid fever does not occur in any of the other months. Perhaps the next highest point of seasonal incidence occurs in the early spring months, February, March, April and May. What is the reason for this seasonal effect? After a dry summer, during which typhoid excretion may have been carelessly thrown on the ground, there comes a heavy rainfall, and the infected material is swept into the sewer, or a water reservoir.

Each case of typhoid implies that there has been a previous case. But more than that: it presupposes that the intestinal contents of a typhoid patient (which have not been disinfected) have actually gained entrance into the body of a non-infected person.

Typhoid fever occurs more often in temperate and torrid zones, but is not unknown in the frigid zone. Cold inhibits the growth of the organism. Sex has little effect on its predisposition. Age has a predisposing influence, enteric fever seeming to occur most frequently in the first three decades of life. Children have been born with typhoid fever which has been transferred from the mother to the child. A child may be immune to the disease, however, receiving this protection from the mother's blood before birth. Other predisposing factors are crowded and unsanitary conditions, such as exist in armies in the field.



Sections of small intestine, showing swollen Peyer's patches with perforation of the intestinal wall.

In the Civil War,[1] in an army of 430,000 men, there were 75,000 cases of typhoid, with 27,000 deaths. In the Spanish-American War, there were 20,000 cases, with 1,500 deaths, in an army of 107,000 men. In the Boer War, 57,000 cases, and 8,225 deaths, which represents a greater loss of life from typhoid fever than from wounds. In the World War, there were 1,901 cases, with 213 deaths, in an army of 2,000,000.

In regard to the manner in which the organism gains entrance into the body, it is an interesting but disturbing fact that two out of every one thousand persons who have had typhoid fever, remain carriers. Hence it will be seen

[1] Approximate figures, only.

how important is immunization, because one is never aware of the time when exposure to danger takes place.

What are the ways in which the organism reaches the gastrointestinal tract? Many of the most destructive epidemics have resulted from infected drinking water. Some years ago, in a town in this state, with a population of about 8,000, over 1,200 cases and about 125 deaths resulted from drinking infected water. I recall another epidemic, which occurred as the result of the failure of the chlorination system of the water supply to a town of about 6,000 inhabitants. For three days its people drank water which had not been so treated. After about fifteen days, there developed a large number of cases of typhoid fever. Then, there is the possibility of milk pollution. Milk is a good culture medium for the typhoid organism. Rarely, however, does a whole town receive its supply of milk from one source, so that if one dealer's product were infected, the cases would be widely scattered throughout its population.

With regard to food, the oyster seems to be a not uncommon agent in transmitting typhoid. Some growers are unscrupulous, or careless, in planting their oyster beds near city sewers, so that the oysters wax fat and sleek on city sewage.

Several years ago there was an epidemic in New York City which was traced to an infected oyster bed. A man and his son, one of whom had typhoid, were employed to deposit oyster shells on a bed to which young oysters might cling. Infected excreta were deposited in the water over the oyster bed. Oysters from this location were found to be infected, and it was thought that a very widespread epidemic could be reasonably traced to this limited source. Vegetables such as celery that may have been fertilized with infected material, may transmit the disease. Doctors and nurses sometimes contract the disease by direct contact.

Where does this organism live outside the body? The typhoid bacillus abhors light, air and dryness. It is very probable that it cannot live for any great length of time in running water, milk, or in dry soil, which is a very fortunate circumstance. But these bacilli have been known to have been present in a cake of ice for a period of weeks, and still be active when the ice was thawed.

Let us now approach the patient's bedside, and examine together a case of typhoid fever. The period of incubation in any disease is the time which elapses after the organism gains entrance into the body until it produces symptoms. The period of incubation in typhoid fever is from ten days to three weeks. The whole period of the patient's illness may be divided into three main stages: the stage of development, which corresponds to the first week of the disease; the "acme" or "fastigium" from the seventh to the twenty-first day; the period of decline, from the twenty-first to the twenty-eighth day.

The onset of typhoid fever is stealthy, underhanded and gradual. The victim goes about his or her work with but a slight headache. The appetite may not be keen. A general malaise, an unexplained fatigue, causes him to feel ill disposed to exert himself, and yet he does not know why. He feels chilly, and in the afternoon has a slight fever. After several days, the patient finally becomes so miserable that he has perforce to take to his bed. His temperature may now be found to be 101 or 102 degrees. The fever develops in a steplike curve. Each afternoon finds it a little higher

than it was on the previous day. After about the first week, it reaches 103 or 104 degrees, and for two weeks it runs along rather steadily at this level. In a typical case, it then declines in the same manner as it began.

The stepladder temperature of typhoid fever is very characteristic. There are three general types of fever described. A fever that remains high, and does not vary daily more than a degree, is called a continuous fever. When the temperature recedes in the morning, but does not ever reach normal, it is termed a remittent fever. In an intermittent fever, the temperature drops to normal, but shortly rises again. Typhoid fever usually manifests continuous fever during the second and third weeks; a remittent fever during the first and fourth weeks is the rule.

Careful recording of the temperature curve in any disease is of greatest importance and should have significance to the nurse, since variations in temperature often are of importance in studying the progress of the disease. A sudden drop in fever may be ominous and must be reported to the doctor at once. Intestinal perforation in typhoid fever, that specter which continually stalks before the eyes of the physician, is often accompanied by a sudden drop in temperature. In cardiac collapse, a sudden decline in fever is seen. But here the attendant symptoms, cyanosis, rise in pulse-rate, and the presence of respiratory symptoms are diagnostic. A pregnant woman, suffering from typhoid fever, may have a sudden drop in temperature just before abortion takes place. Hemorrhage of a severe type is always accompanied by a fall in fever. There are not many conditions in which a fever of more than two weeks' duration is seen. In this climate, typhoid fever, tuberculosis and sepsis are outstanding in this respect.

Sometimes, in typhoid fever, there is a recrudescence, or rise in temperature, after convalescence is apparently well under way. This is usually due to dietary indiscretions. When convalescence begins, the typhoid patient is desperate for food and he will do almost anything to obtain it. Relatives bring food into the hospital, and if the nurse is not on her guard, the patient will consume these harmful edibles. One man, of whom I have heard, was so desperately hungry that he slipped out of bed when the nurse was absent from the room, crawled to the cupboard, and ate a great amount of indigestible food. A recrudescence usually does not endanger the patient's life, as the fever subsides with proper intestinal cleansing.

A relapse is a real reinfection. The temperature at first may resemble that of a recrudescence. All of the symptoms, evident during a relapse, are similar to those of the first infection. Let us remember, then, that the difference between a relapse and a recrudescence is, that the former is a true reinfection, while the latter is not.

Organisms from an infected gall bladder may be poured out into the intestinal tract and cause a reinfection. The fever declines by lysis. The nurse is the first person to note the drop in temperature, and she should report this fact to the physician in charge at once, instead of charting it, and regarding it as a normal occurrence.

Gastrointestinal Symptoms.—Constipation is usually present during the first week. After that, diarrhea is commonly present. The stool is characteristic of typhoid fever, and is known as the "pea-soup" variety, because of the fancied resemblance in

color and consistency to pea soup. If a specimen of the stool is placed in a beaker and allowed to stand for a period of time, it will separate into two layers. The upper layer will be opaque and watery, while the lower layer will be a semisolid sediment, containing bacilli, food detritus, and crusts of Peyer's patches. There may be as many as ten to twenty stools each day in severe cases.

The patient may complain of pain in the right lower quadrant of the abdomen. Too many patients have been subjected to a laparotomy, during the first week of typhoid fever, because of the presence of symptoms closely resembling those of appendicitis.

Abdominal distention is a disturbing symptom. It occurs because the patient is generally toxic, and the intestinal muscle, sharing this poisoning, is so weakened that it cannot normally aid in emptying the intestinal tract. Tympanites is particularly harmful to the patient because the distended intestines, pressing upon the diaphragm, impede the heart's action, and interfere with respiration.

A gastrointestinal symptom which is of the greatest interest is pain. It may have no particular significance, or a sharp, stabbing pain may denote an intestinal hemorrhage. The amount of bleeding depends upon the size of the vessel which is eroded by the typhoid ulcers. A patient may have suffered a copious hemorrhage at two o'clock, for example, but a bowel movement an hour or two later will display no evidence of this occurrence. Blood may not be seen in the stool for several hours, and then it will be dark or tarry in appearance. (Bleeding from hemorrhoids is bright red in color.)

The patient may lose from one to two pints of blood and still recover. The symptoms of hemorrhage from a typhoid ulcer are similar to those arising from any internal hemorrhage, thirst, a complaint that the room is too dark, a running pulse, sighing respirations, blanching of the face, and spots before the eyes.

There are two general methods of perforation of a typhoid ulcer: first, the ulcer may suddenly perforate, with stormy symptoms, such as shock, extreme tenderness over the abdomen, and very sharp pain; second, there may occur a slow, nagging pain, with a gradual development of the symptoms narrated above. These are caused by a gradual spilling of the intestinal contents into the abdominal cavity. The patient has a more favorable chance of recovery in this type than in the first.

Heart and Blood Vessels.—There is a leukopenia in typhoid fever, a reduction in the number of white blood cells. A white blood count of from 2,500 to 4,000 per c.mm. is an early indication of the disease. Other diseases characterised by a low white-cell count are measles and influenza. The pulse rate in typhoid fever is not in proportion to the temperature. With a temperature of 104 degrees, one might expect a pulse-rate of about 110 or 115. Often the pulse rate is below one hundred, even with an exceedingly high temperature. The pulse is usually soft and weak. The blood pressure is frequently low, perhaps ranging in the neighborhood of one hundred millimeters of mercury.

Skin.—Macular, rose-colored spots are seen on the patient's skin. These rose spots are very typical of the disease. They are found, between the sixth and ninth days, on the upper abdomen and lower chest. They occur in crops of three or four to one dozen in number. Each fades, and is followed in a few days by another.

Rose spots are caused by the lodgment in the skin of a pure culture of typhoid bacilli. They disappear on pressure and reappear when the pressure is removed. Occasionally they appear on the back. The number of spots has no relation to the severity of the infection. Vesicles may appear on the skin, owing to the excessive perspiration. Bedsores are a common occurrence unless the most careful attention is given to the skin.

Headache is an early symptom of typhoid fever. It is usually of the frontal type. The patient sometimes becomes certain that his eyes need refraction. Epistaxis is a more or less constant symptom of the first three or four days of the disease. Delirium usually develops about the end of the second or the beginning of the third week. It may be of a low, muttering, toxic type; or, if the patient is an alcoholic, delirium tremens too often becomes a serious complication.

"Walking typhoid," well known by the laity, is a mild type of the disease. The patient may not be sick enough to be forced to go to bed. He may have some headache and loss of appetite, but he is able to go on with his work. He is a great danger to others, however, from the standpoint of infection. Organisms are found in the excreta, as in ordinary typhoid fever.

In the afebrile type there is a rash, and the symptoms are more or less characteristic, but no definite elevation of temperature occurs.

In few diseases is skilled, conscientious nursing so life-saving, as in enteric fever. Since you will be carefully taught by your instructor the details of the efficient disinfection of excreta and the application of the various types of hydrotherapy, it is necessary that I only hint at some of the basic treatment principles.

If every typhoid organism were killed as it left the human body, no more typhoid infection would occur. Hence, in the treatment of typhoid fever, preventive, or prophylactic measures are of vital importance. This includes the adequate supervision, by state or federal authorities, of all milk, food and water supplies, and of the sanitary production of raw vegetables.

The proper prophylaxis in typhoid fever consists of the injection into the susceptible person of killed organisms. The experimental stage of typhoid vaccination has long since passed. Five hundred million organisms are given in the first dose, and double this amount in the second and third doses. These injections produce an active immunity.

When typhoid vaccine became generally used there was a marked decrease in the disease. Some countries have voluntary military vaccination, but in most of them it is compulsory. I presume some wonder that the state or nation makes such a step compulsory. One or two of you might not want to take typhoid vaccine, and yet you would endanger, by this unwillingness, those who desired to be immunized. The greatest good for the greatest number requires universal vaccination.

Until recently, epidemic typhoid was not unusual. Now it is extremely rare. Typhoid fever is surely being exterminated, just as typhus fever and yellow fever have been. This advance may be attributed to vaccination, to the proper supervision of milk and water supplies, and to the dissemination of public-health information.

One difficulty, encountered in typhoid vaccination, is that the immunity thus afforded lasts for a minimum of two years. However, it may last much longer.

When in the country, or in a small village, the nurse undertakes the care of a typhoid patient, she must arrange the proper details for handling the case. The room selected should be located away from the center of the family activities and near toilet facilities, where there is running water, if possible. There should be good ventilation and good lighting, and all details should be so worked out that the room may be easily cleansed at the conclusion of the illness.

The hospital dietary lists certain articles of food which can, or cannot, be given to a typhoid patient. The old school of physicians believes that starvation is the only safe method to follow. But the old adage of "Feed a cold and starve a fever" was formerly more in vogue in the treatment of typhoid fever than it is today. Nowadays, many physicians are feeding fever patients, and a fever now runs its course with much less loss of weight on the patient's part. Under the old school teaching, as much as seventy-five pounds have been lost during the course of the disease.

If the stomach rejects solid food, milk and broths are administered. To those who are receiving such food, soft eggs, cereals, and other soft foods may be given throughout the entire course of the illness. During the fastigium, boiled rice, milk toast without the crust, and scraped beef may be given.

Feeding by bowel is frequently necessary. These nutrient enemata consist of peptonized milk, pancreatized white of egg, or beef juice. Unfortunately, this feeding may be kept up for only a brief time. When the mucous membrane becomes irritable it must be discontinued.

In case of hemorrhage, food by mouth must be stopped. The patient is not placed on a bedpan, but the bowel movement is received into a draw-sheet. Morphia is given, hypodermically, and liquids are restricted. An icecoil, or a suspended icecap is placed over the abdomen. At the cessation of the hemorrhage, the feeding is very similar to that given to a patient after an anesthetic. Milk, tea or broths are given in very small quantities, perhaps an ounce at a time.

The treatment for perforation is surgical interference.

Hydrotherapy, or the use of water, is very important in the treatment of typhoid fever. Internally, it is excellent, and when the temperature is very high large amounts are required. It stimulates the kidneys, lessens toxicity, and reduces fever.

The Brand bath is a form of hydrotherapy to which we sometimes resort. Cold water is used. The bath is very beneficial to the patient, as it has a cleansing and stimulating effect upon the skin. It is a respiratory and cardiac stimulant, and lessens both the temperature and the toxicity of the patient.

Other forms of hydrotherapy often employed are the sponge bath, at a temperature of from seventy to eighty degrees, cold packs, sprinkle baths, ice-cold enemata, and the Leiter coil, placed over the abdomen and the head. The temperature of the water is as ordered by the physician. The water may be gradually cooled, if necessary.

Contraindications for hydrotherapy are: pulmonary or cardiac complications, cardiac symptoms, threatened perforation, or hemorrhage. It is not used in young children and aged persons.

Tympanites is often relieved by the use of turpentine stupes. The stupe is a standard and very useful treatment. Eserin, pituitrin, the low oil enema, and the insertion of the rectal tube, are also of great help in the relief of distention. The handling of

the typhoid patient, during convalescence, requires the greatest tact, on account of the inordinate desire of the patient for food. Weeks of careful treatment may be undone by a falsely tender, or sympathetic person who allows the patient to have food which his body is unable to assimilate.

The Nursing Care in Typhoid Fever

By Stella Goostray, R.N.

IN the nursing care of any patient it is the responsibility of the nurse to give such care to her patient that she secures for him or her physical and mental rest; that she carries out with scrupulous care the treatment and medication which has been ordered by the physician. But not only that, she has to give such adequate nursing care that annoying symptoms are relieved and the resistance maintained, by proper food, by conserving the patient's energy and by securing proper elimination. The nurse also has much of the responsibility for preventing complications and sequellae. She must be so on the alert that the first signs of complications or change in the patient's condition are noticed and reported to the physician. We are familiar with these basic requirements in the nursing care of all acutely ill patients.

In the care of infectious diseases there is an added responsibility, the protection of the community and of herself. The nurse must know the habits of the organism which causes the disease, the means of exit of that organism from the body, and ways of destroying it. She must not only know the means of destroying the organism in the hospital where she has more suitable equipment, but she must be able so to adapt herself and her technic that she will be just as efficient in a little rural home where she has few conveniences but just as real a problem.

We have already discussed the technic of caring for patients with any infectious disease. As we study each specific infectious disease we shall remember the particular secretions and excretions of the body which may contain the germ and deal with them accordingly. We have learned that the typhoid organism inhabits the gastrointestinal tract and that the organisms are always found in the blood stream. When we remember that every case of typhoid fever means a previous case, we shall be on the alert to destroy these organisms. It means the disinfection of feces, urine, vomitus, bath water, in addition to the disinfection of such articles as we have already regarded as basic in the care of any patient with an infectious disease—dishes, linen, secretions from the nose and throat.

In the hospital where a bedpan sterilizer is available, the bedpan and urinal should be placed in the sterilizer and boiled for twenty minutes after boiling begins.

In the home, an area in the bathroom or other suitable place must be set apart for disinfection of utensils, etc. When stools, urine, bath water or vomitus are disinfected, the containers may be placed on a newspaper, covered with a newspaper and the material disinfected for the required

length of time. The newspapers are then wrapped with the contaminated side in and burned. The material may then be placed in the toilets, and the bedpan or emesis basin rinsed, after which it should be placed in a large container of disinfectant kept for this purpose. One container should be kept for bedpans and urinal and another for enamelware. The disinfecting solution should be changed every day.

DISINFECTION BY CHEMICALS

First method, with chlorinated lime (bleaching powder):

Feces.—Use a stock solution of chlorinated lime (six ounces to one gallon). Mix thoroughly equal volumes of feces and stock solution. Allow it to stand two hours.

Urine and vomitus.—Add one tablespoonful of chlorinated lime powder to eight or ten ounces of urine or vomitus. Allow to stand two hours.

Bath water of a typhoid fever patient.—Add one tablespoonful of chlorinated lime powder to one gallon of bath water. Allow to stand two hours.

Bed pans and urinals.—Boil for one-half hour, if possible; otherwise they are to be soaked in the stock solution of chlorinated lime for two hours and then rinsed with hot water.

Second method with formalin solution:

Feces.—Mix thoroughly equal volumes of feces and 10 per cent formalin solution. Allow to stand one hour.

Urine and vomitus.—Add together equal volumes of 10 per cent formalin solution and urine or vomitus. Allow to stand one hour.

Linen.—Place the linen in a covered metal container and cover it with 2 per cent formalin solution. Allow to stand ten hours.

Bedpans and urinals.—Soak in 10 per cent formalin solution for one hour and then rinse with hot water.

Bath water of typhoid fever patient.—Add together equal volumes of bath water and 2 per cent formalin. Allow it to stand ten hours.

The patient should be protected from flies by means of mosquito netting. A tent may be made by tying sticks to the four corners of the bed to support the netting. It takes about twelve yards properly to screen the bed. On either side an opening should be left through which the nurse may give care. The netting should overlap here.

The patient suffering from typhoid fever should have a daily cleansing bath, followed by an alcohol rub, and there should be local cleansing with ¼ per cent Lysol after each defecation. The careful nurse will also provide that the hands of her patient are cleansed after defecations during convalescence when the patient assists himself.

The mouth is very dry and the tongue coated with a brown coating; the mouth and tongue should be frequently cleansed during the day and one-half hour after each feeding. The lips should be kept softened with cold cream or albolene. The nose must be kept clean. The secretions are apt to dry in the nose, forming crusts which are very annoying to the patient.

Very often the patient complains of pains in the legs and back; small pillows may be used to advantage. The patient must not be allowed to change his own position, but the nurse should turn him frequently to avoid the danger of hypostatic congestion and pressure sores. Extreme care must be used in moving the patient to avoid strain on the abdomen. Owing to the emaciation, marked toxemia and poor circulation, the danger of bedsores is very great, and points of pressure should be rubbed with alcohol every three hours. The patient very often is delirious and he must be carefully watched.

To reduce temperature, various forms of hydrotherapy are used. The hydrotherapy not only reduces the fever but it stimulates the heart action and respiration, lessens the toxemia

and improves the kidney action. One of the various forms of hydrotherapy is the giving of plenty of cold water by mouth. Remember that a typhoid fever patient is very toxic and mentally sluggish and it is the nurse's responsibility to see that he gets plenty of water, even though he may never ask for a drink. The acutely ill typhoid patient would rather be left alone than to have any sort of treatment or nursing care. It behooves the nurse, therefore, to be more on the alert than ever to see that his needs are provided for. Other forms of hydrotherapy are the cold pack, the Brandt bath in a portable bathtub taken to the bedside, or a modified Brandt bath where by means of rolling the blankets and covering them with a rubber sheet, a trough is made in the bed; and the cold sponge. The temperature ordered depends on the condition and age of the patient. It is usually between 80 degrees and 85 degrees F. It is well to recall the precautions in the giving of cold baths. Always take and record the temperature, pulse and respiration before the bath or pack and twenty minutes afterwards. Watch your patient constantly for signs of cyanosis and note any change in the pulse. If the pulse is small and rapid, or if there is a marked cyanosis, stop the bath at once. Always apply an ice cap to the head and a hot water bottle to the feet and employ continuous friction throughout the bath. Be on the watch for the first signs of a chill and after the treatment if the patient seems chilled, give hot drinks. The abdomen of a typhoid patient should never be rubbed, but a wet compress should be placed over it during the bath. A towel in the bottom of the container for ice is a thoughtful detail to avoid clinking of the ice. We must remember to observe strict typhoid precautions throughout all treatments.

The diet of a patient with typhoid fever is most important. If we recall what changes are taking place in the intestines, we have a guide as to the kind of food which the typhoid patient should have. We must also remember that this is a disease which is of fairly long duration and that the heat production is materially increased over normal. This increase must be provided for, and in such a way that the intestines are not irritated nor the kidneys given undue strain. The High Calorie Diet, first used by Dr. Warren Coleman, consists largely of milk, cream and lactose, during the acute stage. From four to five thousand calories a day may be prescribed. One thousand calories are provided for in the following formula:

Milk	1000 c.c. (1 qt.)	700
Cream	50 c.c. (1⅔ oz.)	100
Lactose	50 grams (1⅔ oz.)	200

With these figures in mind, the number of calories in larger amounts are easily determined. To vary the diet, junket, ice cream, gruels, fruit juices, cream soups, milk toast, soft cooked eggs, and baked potatoes are gradually added. After convalescence is established, lamb chops and chicken are added to the list. It requires persistent encouragement and much tact on the part of the nurse to persuade the patient to take sufficient food for his needs.

Careful attention must be paid to the effect of the food. Too much cream may cause diarrhea and the lactose may cause the formation of gas. During convalescence dietary indiscretion may result in an elevation of temperature.

The bowels are kept in good condition with enemata. Extreme care must be used to give these very slowly, to avoid sudden distention of the

intestine, low, and unless so ordered, never more than one pint of solution at a time. All stools should be examined for the presence of blood. Kidney elimination is aided by the daily bath and the forms of hydrotherapy usually given. There may be retention of urine, giving great discomfort. It is relieved by the usual methods. Fluid intake and output should be measured and recorded on the chart.

One of the serious complications of typhoid fever is hemorrhage. The nurse who is alert will know that her patient has had a hemorrhage long before the appearance of blood in the stool. A drop in the temperature and an accelerated pulse are danger signals. Immediately she will elevate the foot of the bed, put a hot water bottle to the extremities, and have the doctor called. The usual treatment ordered, in addition to this, is to stop all food, apply an ice coil or a suspended ice cap to the abdomen, and give morphine sulphate to splint the intestines. The patient should not be placed on the bedpan but a large pad should be kept under him. He should be kept absolutely at rest.

Another complication is tympanites which is especially to be guarded against, as it predisposes to perforation. On the nurse falls much of the responsibility for avoiding tympanites by careful regulation of the diet, giving plenty of water, and by the careful giving of enemata.

If there is distention, we will redouble our efforts to be observant. The patient may complain of abdominal pain, but he has been having pain on other occasions and the nurse may be put off her guard. The careful nurse will never disregard a patient's complaint of abdominal pain, or a facial expression indicating pain, or hiccough or vomiting. They are danger signs of perforation and her quick observation and report to the physician may mean the saving of the patient's life.

Other complications are thrombosis and phlebitis. In both of these conditions the part is elevated and an ice bag applied. There must be no massage.

The typhoid fever patient is very apt to have trouble in hearing. The nurse should never take it for granted he is not answering her questions from not wishing to talk. Very often he is not hearing the question and this should be reported to the physician. Patients are also likely to be very depressed and discouraged. A talkative or whispering nurse is an abomination to the patient. Persons ill with typhoid are also very sensitive to odors of strong smelling flowers, and these should not be kept in the room.

Summing up, the warning signals which should be reported immediately to the physician are:

1. Drop in temperature with increase in pulse rate
2. Rise in temperature
3. Abdominal distention
4. Excessive apathy
5. Low muttering delirium
6. Tremor (subsultus)
7. Picking at bedclothes (carphology)
8. Abdominal pain
9. Deafness

Special precautions are not removed until the physician so orders, which is usually after the temperature has been normal for ten days and the patient has had at least three negative specimens.

Finally, the good nurse will encourage typhoid vaccination.

The *Journal*, the Index and the Private Duty Nurse

By Ann Doyle, R.N.

I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of ammends to be a help and ornament thereunto. (Bacon, Maxims of Law, Preface.)

THE private duty nurse has to be, and often is, the best informed woman in the profession. Why? For several reasons: In the first place every new case, especially when it happens to be in a home, creates the need for a whole new set of adjustments. The nurse has to become a member of the family. She has in a most intimate way to enter its life, share its thoughts, its conversation—indeed, become its big sister.

The first day or so in the development of this personality is a difficult trial for the nurse. During these first few hours of scrutiny the family will decide whether she is clever or stupid and their subsequent attitude toward her will be influenced thereby.

One of the greatest aids to establishing confidence is an easy manner, and nothing gives ease of manner more surely or more quickly than intelligent, light conversation.

The most important thing in the world to these people, at the moment, is the illness of the patient whom the nurse has been called to attend. They will ask a thousand and one questions. How can she answer these questions so as to satisfy the questioners and at the same time tell them nothing which may conflict with what the doctor has already told them or may tell them? She must answer in abstract terms, and that sort of thing requires a goodly fund of information.

Not only will these people ask questions about disease, treatment, convalescence, and so on, but they will ask for opinions and discussion on any one or all of the big questions of the day, for is not here a professional woman, and is not this the time to enjoy an intellectual treat?

It is rather a shock to the layman to find a trained nurse, especially one having had some experience, without an idea in the world except routine nursing, movie actors' pedigrees, petty scandal, or the domestic relations of the funny paper folk. More than once this writer has had lay persons remark of certain nurses: "What *do* they read?" or, "Why *don't* they read?" (And reading is so easy and nets you so much for what you put into it. It is so easy to get the habit of dropping into the library for an hour or so.)

The increasing use of popular health education material makes it necessary for the nurse to answer still further varieties of questions. Here is an opportunity for the friends of the patient and her visitors to get some first-hand information: What should a fat person eat to become thin, or the same question reversed. How much should a six-months old baby weigh? Why are men more often bleeders than women, and how does it happen? Where is the thyroid gland? Do doctors plant monkey glands in human beings, and why? One might go on forever enumerating the questions which are asked the private duty nurse in the course of a month's stay with the average American family. They run the gamut of public health and preventive medicine.

The point is, they are all very important questions and they call for specific information. It is by this method of question and answer that the private duty nurse does her educational service, and an important service it is, too, and not well enough appreciated by the rest of us.

In the second place the private duty nurse is not, as a general rule, a specialist; she is the general practitioner of the nursing profession. As such she must be prepared to step into any disease situation at any moment and immediately take up the task of applying the treatment which has been prescribed.

To do this, she must be informed concerning the latest technics, nursing methods and apparatus, drugs, serums, vaccines, and so on. She must be prepared to recognise the reactions from new and sometimes little used serums and drugs. She must have the ingenuity and knowledge to devise ways and means for carrying out certain nursing procedure requiring special mechanical apparatus. In other words, for the practical application of every new development in medical science and technic there have to be, as a rule, new varieties of nursing technic developed, new sets of terms and symbols learned, new groups of symptoms and results or reactions observed and recorded.

Enough has now been said, we believe, to make the point that it is not only necessary, but highly desirable, for the private duty nurse to keep herself well informed and up to date. The founders of the *Journal* had all of these contingencies in mind when they undertook the obligation of providing the profession with a scientific periodical. The private duty nurse has ever been the "pet" of the editors of the *Journal*. They have striven, through its pages, to give her "grist for her mill." But the *Journal* is not large enough nor wealthy enough to do more than a certain limited amount; besides the ever increasing variety of specialties in the fields of nursing makes it necessary to give each group its share of the "last words."

Month by month the *Journal* records the developments and changes which are taking place in the fields of medicine and nursing and attempts to divide its space equitably between its several special reader groups, hoping that each may find inspiration to look further after it has pointed the way.

This brings us to the very interesting questions of whether or not you are an imaginative reader, and whether you can find stimulation for research in the articles of the *Journal*.

All right, what about these four?

Nicholson, S. T., Jr., M.D. Diabetes mellitus: Definition and pathology. *American Journal of Nursing*, 21: 13.

Smith, P. S., M.D. Insulin. *American Journal of Nursing*, 26: 179–184.

Wood, Bertha M. Calculating a diabetic menu. *American Journal of Nursing*, 26: 189–192.

Sansum, W. D., M.D. Diet in diabetes; the use of more liberal amounts of carbohydrates in the treatment of diabetes. *American Journal of Nursing*, 26: 363–365.

What do these titles mean to you? Does the term diabetes mean just a disease manifesting itself by the presence of sugar in the urine, or does it call to mind the long and painstaking studies and experiments from Bernard to Banting? These make a story as thrilling as the recent one-man flight across the Atlantic. Every modern device of publicity "told the world" of Lindbergh's achievement. In the praise and adulation which followed, there came to light the story of the brave Frenchman, Louis Blériot, who succeeded, eighteen years before, in

flying across the English Channel. Without the stimulus of present-day publicity or the extravagant rewards, Blériot made signal contribution to aeronautics, but today this man is all but forgotten except by those immediately interested.

The case of Bernard and Banting is even more discouraging. When the marvelous news of the discovery of *insulin* was flashed across the civilized world, Banting was heralded as a hero and a savior. Today, scarcely five years after he was awarded the Nobel Prize, nurses give hypodermics of insulin to diabetic patients without ever having heard of Banting and his work. As for Claude Bernard, I venture to say that not one nurse in a hundred ever heard his name. And how much we owe him! He was one of the most picturesque figures in the history of medicine. He was a dramatic poet and it was through contact with the the literary critic Saint-Marc Girardin that he found his way into medicine.

Through his poetic nature he made his knowledge of science more than a mere source of livelihood and raised it to such high levels that he became the greatest physiologist of modern France. Like every true and progressive scholar, he faced opposition from many quarters, even from his family. His wife, embittered by his failure to become successful financially, became estranged from him. His daughters also, influenced by their mother, caused him great sorrow. His persistent work in animal experimentation, for which he was severely criticised and even persecuted, brought him clues which he used to obtain more wide-reaching results. Thus be became the father of experimental medicine. In his teaching and writings the poet and man of letters are again manifested. Scattered through his writings are many maxims which call to mind the Pensées of Vauvenargues and La Rochefoucauld.

Bernard was the herald of the pageant-like procession of scientists, philosophers and clinicians who have worked tirelessly for the control of diabetes. Little do we realize that it was he who gave the world its first intelligent ideas of the ductless glands and internal secretions, when we discuss them in our daily work.

This brief sketch of Bernard gives but a glimpse of the romance to be found in the literature of medicine and nursing.

"Fine work!" you say, "let me know when to start payment on the 'scrap-book,' and when I may expect delivery." But there is no catch; it can be done. You can become as articulate and as popular as any lady or gentleman who ever graced a magazine advertisement, and what is best of all, you can have fun doing it.

And now, to answer another question, How does the private duty nurse with the time and the desire to be an amateur research student begin her study? In the first place, she will need a working index; in the second place, she will want to make contact with the nearest library; in the third place, she will wish to begin a card file for her own use.

The March issue of the *Journal* carried two articles setting forth the need for an index to nursing literature, and a plan for its publication which was followed up on page 672 of the August *Journal*. This new idea of the index is an indication of the awakening of the spirit of research in the profession, a milestone of progress.

Very few cities of any size are without a library, these days. And practically every library is presided over

by a trained person who is ever ready and willing to help. It is a very good thing to get the "library habit." Alternate it with the movies and see if you do not like it. The average movie show takes about two and one-half hours; this much time spent, once a week, in a library will give you an opportunity to look up the important events of the month, as well as items for future reference.

The task of building up a card file for one's own personal use has all the thrill of collecting. You will find yourself as eager and alert to "complete the set" as any collector of first editions, stamps, chairs, cup plates, or butterflies. It is fascinating work. Moreover, it stimulates a desire to more extended reading and establishes the habit of looking things up before beginning to write or to prepare a talk. For any private duty nurse who is looking for a hobby which will absorb her spare time, bring her cheer and profit, let me recommend the building up of a personal card file.

These two latter aids to professional advancement are dependent upon the first, the *index*. In the field of nursing, alone, the amount of material which must necessarily be published in periodical form is very extensive. As material pertaining to allied fields, such as medicine, sociology and economics, will be included in the new index its value is greatly increased.

It is manifestly impossible to publish an index of which the value is easily recognized, unless the movement is adequately supported. The economy of time as well as of effort to the private duty nurse will be well worth the nominal subscription price of the *index*.

Try it!

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The Private Duty Nurse

What Does She Stand for?

1. She stands for the end product of our school of nursing.
2. She stands for the largest representation in the nursing field.
3. She stands for the greatest supply in time of epidemic.
4. She stands as our national defence.
5. She must stand as the person who has learned.

"To look on nature, not as in the hour
Of thoughtless youth, but hearing oftentimes
The still, sad music of humanity."

ELLEN C. DALY, R.N.,
Quarterly of Boston City Hospital Nurses' Alumnae.

Case-finding in Tuberculosis

By Agnes D. Randolph, R.N.

Case-finding in tuberculosis has settled down into an unspectacular still-hunt. Miss Randolph shows that, while the methods employed are becoming more efficient and businesslike, they are not losing in interest, scientific or romantic, to the case worker. Brass bands, flamboyant banners and the tricks of the medicine showman, which may have had some justification in the early days of the campaign, are happily no longer employed, but tact and ingenuity are more necessary than ever if we would search out the spreaders of tuberculosis. Virginia presents a distinctive problem and the methods employed there may not fit precisely the needs of another state, but human nature is the same the world over and case-finding is essentially a matter of understanding people—for which reason every reader will profit by sharing Miss Randolph's unique experiences.

WE think of a sick man as one immediately clamoring for medical and nursing care, so it is astounding that tuberculosis, the disease fifth on the list of causes of death, should need scientific case-finding and elaborate machinery to place the patients in the hands of doctors.

At the genesis of the effort, Dr. Osler said that three groups, doctors, patients, and public, were essential to the success of any war on tuberculosis, and that the public was "already awake, sitting on the side of the bed." Education of the public has proceeded apace since that day. It is, however, still difficult to convince the average layman that the constitutional symptoms of the toxins of the disease, of which Dr. Heise spoke in his recent article, "Pulmonary Tuberculosis," usually first manifest themselves as a profound and inexplicable fatigue. Fatigue is, of course, the constant and outstanding symptom in all toxemias; yet so little is this fact appreciated by the public, that the man who desires to secure medical advice because he is always tired, frequently is laughed out of the intention by those who love him best. Because of this ignorance of the early symptoms, it has been found, in many communities, that unless extensive and costly case-finding organization is provided, only the advanced, incurable patients are treated, while the minimal, curable cases are never suspected.

For case-finding the nurse has long been recognized as the best possible instrument, because of the authority and intimacy of her home contacts. The word "nurse" has been used without its usual qualifying phrase, "public health," because we believe that, considered in groups, the private duty and institutional nurses can become as powerful case-finding and educational instruments as are the avowed public health specialists.

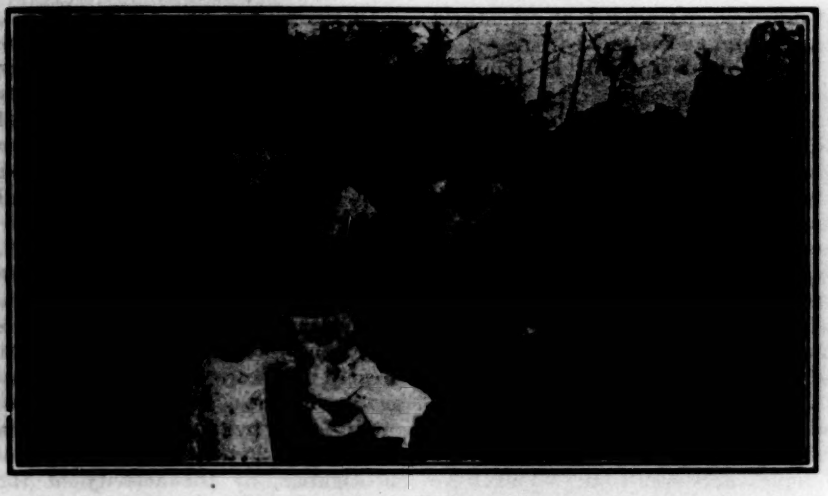
Certainly with our present case-finding machinery, the public health nurse is the prime foundation upon which success must be built. Almost all states in the Union now have for this work some special force, varying widely in both number and personnel. New York, for instance, in addition to many highly organized local groups, has a consultation clinic service with physicians and X-ray equipment. Other states have excellent traveling clinics, each consisting of organizer or propagandist, physician, and nurse. Such a unit coöperates with local departments, and the actual case-finding forms a part of the duties of the general nursing staff. All such diagnostic or case-finding units must have an experienced chest specialist and, somewhere in the offing, available as a case-finding agent for this doctor, the public health nurse.

Virginia, with one hundred counties, of which fewer than fifty have a population sufficiently large to permit

economic local administration of adequately organised health work, has developed a case-finding service which consists of a director, two chest specialists, and eleven nurses. Coming into the field when traveling clinics had been already evolved, the plan of the work has followed the general scheme of approved organization, modified to meet the local conditions of sparsely settled counties, or others with a large negro population. It is because of these local conditions that so many nurses are employed. They must do pre-clinic visiting, conduct the clinics, remain in the county long enough to know that the patients are under the care of their own doctors, and assist them to modify their lives so as to carry out the doctors' recommendations, either sanatorium or home treatment. In these units, the doctor is, of course, the key-stone to the arch; yet he is of necessity passive in so far as the actual work of case-seeking is concerned. The patients sought are those not in the hands of doctors; and to find them, education must reach back into the mountain recesses and must likewise be preached in the market place. Not only the illiterate and uneducated are uninformed about the symptoms and the cure of tuberculosis. Propaganda and nursing visits are the instruments which must be relied upon to overcome ignorance, fear, and suspicion.

When our clinics were begun, the nurses had no difficulty in finding patients who sorely needed help and who eagerly welcomed it. The propagandists were not so successful. The advertising of lectures seemed to work backwards, as it were, and prevented audiences because people feared the very word, tuberculosis. Newspaper space was generously available, but it was doubtful if the press notices were read. In this dilemma, New York methods were stolen. Since "music hath charms to soothe," particularly negroes, a brass band was hired and widely advertised. It must have been a revelation to countryside Virginia to see a large truck drive up, packed with the members of a negro band, with a local leader—for the negro remains tribal and follows the leaders of his tribe—and one or more white men and women, often sitting on the front seat with the driver. The band would march up and down the road, playing some popular air until a crowd gathered, when it would go into a church, thus beguiling an otherwise uncapturable audience. As soon as the church was packed full, a signal would stop the band, and a speaker would lecture until his companions feared his audience would walk out, when a tug on his coat would stop him in mid-career, and the band would play until all restlessness had subsided. Then another speaker would begin.

It was perhaps a mean trick, but the reward justified it, for many friends and converts were made during those summers. As one old negro said, at the close of a meeting, "When I'se dun introduce dis 'oman, I'se dun believe she ain't gwine do nobody no harm, but I ain't never thought she'd do no good like she is dun, and I praise de Lord." As this type of education proceeded, the repugnance and fear were largely overcome; the suspicion vanished forever. The brass band was abandoned and innumerable lectures were given in the churches. The church was selected, both because the audience would have to remain to the end, and because in a negro community the minister is of such recognised importance that his endorsement gave authority to the message. In addition to the lectures, placards showing the proper method of chest



MOUNTAIN FAMILY VISITED BY NURSE

examinations, newspaper notices, form letters, moving pictures, and other means were used to advertise early symptoms. Such wide discussion allayed the age-old fear of the disease; but it brought for examination far more curiosity seekers than actively tuberculous patients. In remote rural and mountain districts the clinics were regarded as a show. One old darkey expressed the opinion of many when she went to her mistress to ask permission to go to the Court House to "see de succus." When told that there was no circus in the county, she insisted there was, that she had heard it talked about, and that she had one of the circus bills—and out came a clinic dodger.

Valuable as all this scattered education was, it was upon the nurse that the real burden of case-finding fell. Her work was of necessity more quiet, but in the early days it was often tragic and sometimes spectacular. An old woman at a church meeting whispered to one of the nurses that if she went to a certain house she would find "one of dem 'sumptives," but not to tell who told her. The nurse went the next day and found a poor dying boy, deserted by his cowardly family, living under unbelievable conditions, without fire, without food, and in all the misery that filth and neglect can cause. She immediately begged funds in the little town, for bed, food, and nurse. Tragically, in that case, help came too late, and when she returned the boy was dead, his family gathered in the yard shrieking like a crowd of howling dervishes.

That incident was in marked contrast to a case reported to the same nurse after a lecture by a man apparently himself ill. A group of four young negroes had opened a cleaning business. They were lifelong friends, and when one fell ill, the remainder took turns at nursing him. Before his death another was ill, and now a third was dying, and his friend, realising from the lecture that their own ignorance had caused the double disaster, appealed for help. The third boy died, but the last of the

group was persuaded to go to a sanatorium and recovered.

Friendliness is probably the keynote of successful case-finding—friendliness combined with such devotion that it develops a sixth sense for locating cases. One Virginia huntsman compared this quality to the keen scent of a blooded Irish setter, and said that a clinic nurse, like a good bird dog, was "never happy unless she found a covey." It is this sense which enables the nurses quickly to find cases. One nurse, stopping to ask the way, realised that she was talking to an ill woman, probably an advanced case of tuberculosis. She asked about the development of the fatigue, and went on: "You have night sweats, don't you? You cough a long time in the early morning, don't you?" running through all the symptoms until finally the old woman said, "Honey, when you done known me 'fore?" and was told that the girl had read about her in a book. This poor old soul had lived too long in the belief that one must die from tuberculosis, and was too deeply wedded to a "medsin to help de cough." She refused all treatment, did not at all mend her way of life, and soon died.

The same nurse, on another occasion, was passing through a street of fairly comfortable homes when she was startled by having a baby roll down the front steps and land, howling, at her feet. The mother stood on the porch, apparently terrified and unable to move, so the nurse picked the baby up and carried it to her. A glance showed that more than fright ailed the woman; so the nurse sat down, quieted the child, chatted with the mother, left herself a chance to return to ask about the baby, and later found, as she had first believed, that the mother had a minimal case of tuberculosis.

Of course, not all, even rural work, is of this hit-and-miss type. The clinic nurse gets from death certificates contact information; she receives lists of reported cases; and she visits all doctors in her working area. Home visiting among contacts, overcoming their fears, arousing their faith, and educating them to the need of regular examinations, is double duty, with double reward. She helps those visited and discovers many unsuspected cases. The only difficulty is that many of the patients who most greatly need care are not among any group of known contacts. They are often located by the chance of stopping to ask the way; by a comment from a neighbor; by the activity of the developed case-finding instinct.

Clinic nurses find that patients have had their interest aroused by educational work or by chance conversations. Virginia has for several years used a poster which combines information on the proper method of education and on early symptoms. These symptoms are numbered, and numerous patients when asked why they came to the clinic have answered that they felt they "had No. 2" or some other number or combination of numbers. It took some time to realise that they meant the symptom so numbered.

It is because much of the case-finding is done by spoken or written word that it would seem possible for the nursing profession as a whole to take an effective, though unorganised part in the campaign. The existing machinery is costly, although in comparison to the total annual loss from tuberculosis, estimated at approximately $500,000,000, the people of the United States still spend a ridiculously small sum on the campaign to eradicate the plague. Effectiveness in the use of every dollar

available, however, would mean an increase in life-saving power which would soon be registered in the census reports. The authority of the nurse in the home of her patients, endows a word spoken by her with something of the power of the laws of the Medes and Persians. The influence of a casually spoken word can never be estimated. On one occasion when the educational group stopped to ask if they were expected at the neighborhood church at that hour, the man questioned called the speaker by name. When asked when he had known her, he replied that he had heard her speak in that same church two years before; that he had been so impressed by what she said about germs and fresh air that he had never permitted anyone in the family to use a common drinking cup or to cough or spit in an unprotected fashion; and that his entire tribe now slept with windows wide open, winter and summer. It was a great result for any speech to have secured. Consider the possible results if every nurse consistently gave instruction in the homes on the symptoms and method of cure of tuberculosis!

Of course, the knowledge of the cause, symptoms, and cure of this disease is still less than fifty years old, and the contrast between present and past conditions leaves no room for pessimism, and scant space for discouragement. It is a definite accomplishment for a generation to learn the nature and the possibility of cure of an age-old plague; to devise and to construct machinery for its control; and, aided by amazing simultaneous developments in social progress, to effect a reduction of over 50 per cent in the death rate—a reduction in actual persons dying, from 200,000 to about 85,000—from a disease heretofore held to be incurable.

A sleeping porch with a little room at the back built out into the yard.

"Tuberculosis Case-finding Surveys"

THIS exceedingly valuable monograph was prepared by Jessamine S. Whitney, statistician, for the National Tuberculosis Association. It offers concrete suggestions which should be helpful to all nurses who are concerned to find cases of tuberculosis.

An Interesting Improvisation

A COLORED patient came in with a gangrenous foot. For a cradle she had used a medium-sized wire lamp shade frame covered with some loose stockinette material. The foot inside was protected from pressure and flies and was fairly well ventilated.—King's Daughters' Hospital, Portsmouth, Va.

The Grading Committee Needs Your Help

The studies of the Grading Committee are in *your* interest. Are you interested in them? Have you shown your interest by mailing a check?

Care of Exudative Diathesis[1]

As Given at the Babies' and Children's Hospital, Cleveland, Ohio

Definition: Exudative diathesis or eczema means tendency to exude and is characterised by an increased secretion of the glands and increased exudation of lymph. Most frequent locations are cheeks, scalp, and folds of skin.

Aim:

1. Relieve irritating symptoms.
2. Therapeutic measures to prevent spread of exudation and to achieve the ultimate disappearance of the condition.

Equipment:

1. Medications ordered by the doctor. Usually:
   (1) Olive or cotton seed oil, applied warm.
   (2) Zinc tar paste.
2. Two tongue depressors.
3. Cotton balls—number varies with size and extent of area involved.
4. Mask for face of infant.
5. One pair elbow cuffs.
6. One pair stockings.
7. Safety pins—at least four.

Method:

1. Apply medication ordered by doctor. The following is usually prescribed in the Babies' and Children's Hospital:
   (a) Apply warm oil to areas, using cotton balls dipped in the oil to cleanse the part.
   (b) Apply zinc tar paste generously to lesions, using tongue depressors.
2. Put shirt on child.
3. Put elbow cuffs on over shirt, tie securely.
4. Finish dressing the child.
5. Place stockings on child's hands, drawing up over the dress, and fasten securely to dress and shirt at the shoulder.
6. Place mask over head and face, fasten securely.
7. Restrain child's hands if attempt is made to scratch.

Points to be remembered:

1. All attempts to rub or scratch must be prevented.
2. Diet ordered must be carefully adhered to.
3. Provide diversion for the child.
   (a) Pick up frequently.
   (b) Hold in arms and attract attention to objects, etc.

"The confidence which arises from membership in a recognised and dignified profession, the assurance which comes to him who has not only imbibed from the fountains of such a profession but has also contributed substantially to its material foundations and to its social efficacy, contribute vitally to that sort of contentment and happiness which alone can be justified in an ethical society."—Carl F. Taeusch in "Professional and Business Ethics."

[1] Mimeographed copies of a set of 58 procedures, of which the above is an example, may be obtained from the Director of Nursing Service, Babies' and Children's Hospital, Adelbert Road, Cleveland, Ohio, at the cost of $1.00 a set, or 5 cents a single procedure, plus postage. Not more than five copies of a single procedure will be sent to any one person. Criticisms, suggestions and comments will be gladly received.

The Library—an Unattainable Moon?

By Henrietta M. Adams, R.N.

THE school of nursing able to maintain a well regulated library holds an enviable position which, to the small and struggling school, seems as distant as the moon. If, out of our eighteen hundred schools of nursing only four are endowed and few are operating upon any sound financial basis, many must find themselves, like the child desirous of the moon, in the position of reaching for the unattainable. However hopeless the situation may appear for this large group, seeming impossibility of attainment should not excuse disgruntled inactivity. To recognize the need of the nursing student for help from a carefully selected library and to make an honest effort to secure such aid without upsetting a precarious financial position is a problem which every school should face squarely.

Incredible as it may seem, there are persons who have not considered the book an essential in nursing education. They regard the reference library as a "nice" thing properly belonging to a wordy group which has little appreciation of practical problems. Textbooks are recognized as valuable, since they can help one through the maze of the curriculum, but even textbooks are annoying. Parts of them are good, parts are bad. To add to the confusion of their numbers, they have a distressing way of becoming old editions. Nursing has done without books to a surprising degree and has made remarkable progress by handing along the fruits of its splendid experience. Fully convinced that the education which the hospital gives is equal to, in fact superior to, that given by universities, if measured in human values, some people steadfastly refuse to be carried away by the hue and cry for academic rating and hold fast to their belief in experience. If they are to be convinced, the library must do its share in proving of value. It will require cold facts before expenditures for any progressive library plan are authorized.

Who is right? What are the facts of the case? It would be regrettable if nursing education, even for the sake of securing academic rating, should follow the acknowledged mistake of general education and go through a bookish period. Nursing education is truly scientific if it consists of carefully controlled experiment, evaluation of results, and adoption of the most workable method. The value of experience can never be questioned; only its limitation makes the book a necessity. Books, then, representing years of careful experience in the subject with which they deal should be at the disposal of the thoughtful nursing student who has encountered a problem which her own or her supervisor's limited time or experience does not solve for her.

The nursing textbook alone cannot be enough. Representing, as it too often does, a heterogeneous collection of knowledge gleaned from sources impossible to investigate, the nursing student may swallow it whole, only to find serious mistakes and thus be led to a distrust of all similar authority.

The well educated nurse must recognise difference of opinion and conflicting practices. In the midst of the very rapid developments in medical practice she must be equipped with clear-cut principles which will enable her to adapt herself to new conditions, to grow with her profession. No didactic teaching of technic will give

this. Squarely meeting the problems of the day and, under careful guidance, digging out the best solution possible, is the means of acquiring clear cut knowledge; and a carefully selected library, rightly managed, is the practical tool with which to do the digging.

When we have recognised the student's right to and need for the reference library, our task is well begun but the puzzling part remains. What shall we get? How get it for little or nothing? How make it prove its value?

This is the place to take stock. What is on the shelves? Is it of value to the student? Neither of these questions is easy to answer unless there happens to be no shelf. Old reference books may contain dangerous material. Members of the medical staff might be asked to review such books and give an opinion. Undesirable portions can be marked or comments pasted in the front of the book. The help of a neighboring university may well be asked in regard to the value of professional or technical books.

Whether a student can get anything from a book is a matter for trial. Assignment of projects with lists of references gives evidence of their value to the student. Standards of preparation may be low; if so, it is folly to try forcing too advanced material.

Should there be few usable books at hand, the problem of what to get becomes a serious one. If the school has not favored an active library program, it might be fatal to inaugurate an orgy of buying, even from the lists of the revised "Curriculum." The right combination of books for the very small library, each one filling a felt need of the student nurse, is a project deserving great effort. A committee from a State League of Nursing Education might give the local schools invaluable aid in this. What is more important, favorable attitudes may be developed by such studies. If facts are faced and needs recognized, ways of securing the necessities may be devised.

The senior class leaving a bound volume of the current year's *American Journal of Nursing;* the medical staff doing the same with the *Journal of the American Medical Association;* the public health group adding their publication; the alumnae, the faculty—all together they can make considerable showing. The library gift book, kept in a prominent place and listing all contributions, or the book plate, is a means of acknowledging gratitude to the donor.

By far the best way to develop the library is the regular library budget. This can only be justified and secured by careful proof of the value and use of materials at hand. An assorted row of books on shelves at the back of a busy classroom, with an instructor complaining that the students cannot use them, is not a particularly valid argument for buying more books. When financial conditions make it impossible to secure space and shelves, let alone books or librarian, the library question travels in a vicious circle.

One small school has experimented in having the students classify and catalogue what books there were. The advice of the local librarian was secured. Use was made of the reprint, "Organization and Management of a Nursing School Library," by Blanche Pfefferkorn and of the Library Bureau pamphlet, "How To Organize a Library." The student body elected a librarian, making her responsible for management. A loan system was devised with the object of securing a maximum of service from every book. The plan was based on a two-hour loan period for all reference books.

Equipment was simple, consisting of a manila strip within the front cover, to hold a withdrawal card, and a blank slip on the opposite side for the borrower's record. A date file for the withdrawal cards completed the material. A student wishing to take out a book writes her name and the hour on the card from the cover and places it behind the date in the loan file. She also writes her name and the hour due on the slip pasted on the fly leaf. At the end of the two hours, when the book is returned to the shelf, the card is replaced in the book pocket. Any other student looking for the book can consult the loan file and go to the borrower's room if the book is almost due.

While far from ideal, the plan has several advantages. Reference books can be kept track of and used without a special room. Students are responsible for and familiar with the library management. A weekly check of shelves and files shows what books are in actual use and who is using them. The withdrawal cards, when filled with names, serve as a valuable record of facts concerning the use of the books. The need for more material is plainly shown by the simple but undeniable evidence of closely dated loan cards.

The fact that students know the type of books on the shelves, that they make use of them, shows that books have value in nursing education. That their usefulness has ever been doubted, may be due to inefficient management.

If we can get a few appropriate books, known by the students and available to them, we shall be approaching a real library, even though the room and the librarian seem far away.

How the Home Fails the Child

FOUR-FIFTHS of 400 children brought to Massachusetts "habit clinics" failed to get what a "normal" home should give them, according to a statement by the Massachusetts Division of Mental Hygiene.

The Massachusetts Division assumes that a normal home should give a child not only food and shelter but training in conduct, affection, some of the culture of the group to which he belongs, opportunity for play, companionship with other children. According to this standard, only one out of five of the habit clinic children had a real home. In most cases where the home failed the child, it was not through poverty, but for spiritual reasons. For instance, of 280 children, 83 per cent received no teaching from their parents of what right or wrong behavior is; 78 per cent received no effective control; nearly 50 per cent lived in homes showing no cultural interests; 41 per cent lacked opportunity for normal play; and 10 per cent were unloved.—U. S. Children's Bureau.

A Public Health Nursing Story Contest

Three prizes of $50, $30 and $20, for the three best public health nursing stories, are being offered by the *Public Health Nurse*, 370 Seventh Ave., New York. The time limit is September 15. For rules of the contest, write to the address given.

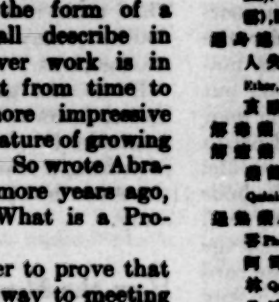
Nursing Literature

"A PROFESSION must find a dignified and critical means of expressing itself in the form of a periodical which shall describe in careful terms whatever work is in progress, and it must from time to time register its more impressive performances in a literature of growing solidity and variety." So wrote Abraham Flexner, ten or more years ago, in a discussion of "What is a Profession?"

It is a simple matter to prove that nursing is well on its way to meeting this requirement. It is more than a quarter century since the profession launched the *American Journal of Nursing* to meet exactly the need of a periodical indicated by Dr. Flexner. Year by year its professional literature increases in quantity and tends to improve in quality. In the very early years of nursing books were written *for* nurses, not *by* nurses; but away back in the eighties there appeared the first important book on nursing by a nurse, Clara Weeks Shaw's book on practical nursing, which now has an honored place in historical collections. The nineties gave us a triumvirate of books, Mrs. Robb's "Principles and Practice," Miss Kimber's "Anatomy," and Miss Dock's "Materia Medica," which were long the bed rock of our teaching.

Compare this Spartan fare with the rich feast of today. Even a cursory glance through the Curriculum of the National League of Nursing Education gives evidence of a professional growth as expressed in our literature, and a thoughtful analysis of some of the more recent books indicates a growing appreciation of the importance of research as a basis for published statement.

The influence of our literature on the thinking and the practice of nurses



A page from the Chinese edition of "Drugs and Solutions" by Major Julia C. Stimson. (Cut loaned by M. Barrows and Company.)

in other countries cannot be estimated. The reproduction of a page in Chinese of Major Stimson's "Handbook of Drugs and Solutions," is a reminder of the thousands of pages of translation of English and American texts prepared by ardent nurses for the instruction of Chinese students. Translations of some of our standard books into Turkish, Spanish, and other languages have formed the very backbone of the teaching in many countries where nursing is young.

Nursing is growing to full professional stature. It is important that it shall continue to register "its more impressive performances in a literature of growing solidity and variety," but in order that its performances may be truly impressive, it is important

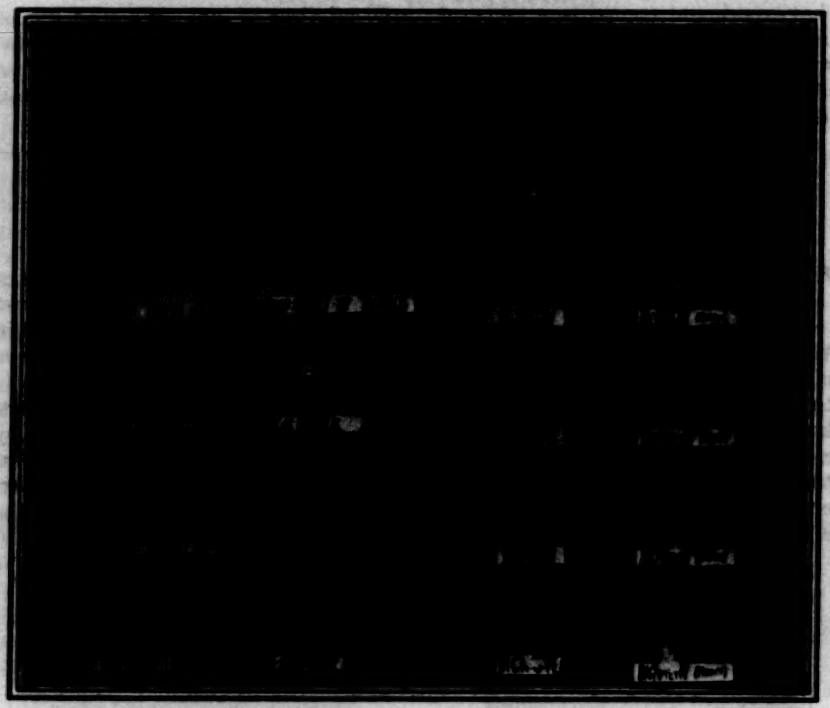
that experiment, comparison, and evaluation direct our advances and the writing of our literature. Only a few nurses may be expected to add to our literary riches, but to the many comes the privilege of making a wise use of that which we have. Personal libraries, like those of our schools, should be added to each year, else of what avail is the written word?

Materia Medica Charts

By Leila I. Given, R.N.

THE accompanying photographs are of charts made by students in the School of Nursing of Western Reserve University, Cleveland, Ohio. Such charts are of value to the individual student in the knowledge which she gains from collecting, handling and working with the various drugs in preparation of the chart. They are also of value to the class as a whole in the study of the source, preparation and appearance of the various drugs. To be of greatest value to the class, they should remain in the class room where students may have access to them for purpose of study.

The idea for making these charts was suggested to the instructor by similar ones at Teachers College, New York City, and is not, in any way, original with her or the students in the School of Nursing.



Diphtheria Prevention

"WITH the development of a safe and effective means of protecting children on a large scale against the hazard of diphtheria, has come a new era in the fight against this disease," remarks the American Association for Medical Progress, in the new issue of its pamphlet, "Diphtheria—Curable and Preventable." The report points out that in New York City, where a toxin-antitoxin campaign was begun about five years ago, approximately one-half million children have been immunised. During this five-year period, 1922–1926, the average number of cases per year dropped 34 per cent over the previous five years, 1917–1921, and the average number of diphtheria deaths declined 41 per cent, which represents a saving of more than 450 lives for each year.

In 1926, among seventy larger cities of the country, New Haven, Conn., and Youngstown, Ohio, shared the distinction of having the lowest diphtheria mortality rate, that of 0.6 per 100,000 population. This low record marks a decline from 18.5 for Youngstown and 7.1 for New Haven for the five year period 1920–1924. Both reductions coincide with the general immunisation of children by means of toxin-antitoxin in the respective cities. Among the 36,000 school children in New Haven, there has not been a single death from diphtheria in the past two school years, and of the 25 children who had diphtheria, 24 had never received toxin-antitoxin treatment.

Where To Send Material for the Journal

IN addressing the *American Journal of Nursing*, send all editorial correspondence, manuscripts, and books for review to the editorial office, 370 Seventh Ave., New York. Send subscriptions, advertisements, and news items to the business office, 19 West Main St., Rochester, N. Y.

Private Duty and Public Health

As Told by a Private Duty Nurse to a Registrar

[How many cases of typhoid were averted by the splendid work of the private duty nurse who told the following story, not for publication, but to a registrar? No man can say, but the people of the village where she worked so valiantly call her "Blessed."—Ed.]

THE typhoid epidemic which, in the fall of 1926, became a serious menace in a northern state, made its strongest and most persistent stand in a small town of 2,500 population, where, for many weeks, it held public attention, was of special interest to the medical and nursing professions, and cast a terrifying shadow over the surrounding country. Incidentally, it provided a rich experience for a nurse who was sent by the registry to care for a case that made its appearance in a small village ten miles from the center of the infected area.

This village exists for the accommodation of the surrounding farming community. It has a few hundred population, a nice type of American people, a small group of stores, an excellent school and high school and two doctors. Of these, the one on the case saw his best service almost half a century ago, and frankly declares that he no longer cares to practice.

The first patient, for within forty-eight hours there were two, was a boy of fourteen, well on in the first week of the disease. He had been cared for before the nurse's arrival by his mother who, not knowing the need of sanitary precautions, had taken none. As the house was small, its occupants lived in close contact with one another and with the patient. Kindly neighbors, eager to assist, came and went unrestrained.

When the danger of spreading the disease was explained to them, the family readily coöperated with the nurse in establishing quarantine and measures of sanitation. With knowledge came insistence that the doctor vaccinate every person in the infected household. A son of the family about to enter college in a neighboring town, received his first treatment, was referred for further care to the college physician, and at once went away from the house. The needed disinfectants had to be procured from a distance, there being no drug store nor pharmacist in the little place. Most of the medicines used were furnished by the doctor from his old-time bag. As rapidly as possible the house was converted into a temporary hospital, and both patients were established on the ground floor where, fortunately, there was a bathroom with near-modern plumbing. Every effort possible, under the circumstances, was made to lessen the labor of caring for two very sick people, but nevertheless many difficulties presented themselves and the task was an arduous and uncomfortable one.

One serious trial, early encountered, was the scarcity of water. The place was supplied from a cistern which depended for replenishment on the rainfall. There seemed to be no lack of rain, in spite of which the water level remained low and was in danger of disappearing altogether. The closest economy was necessary to conserve the failing supply, every drop of which was precious. Whenever possible, it was used twice over. After several days of this, it was discovered that the lack of water was due to the clogged condition of the cistern and the abundance of it on the

basement floor was due to the choked supply pipe which was filled with the summer's accumulation of leaves. It took a few days of urging to procure the services of a tinsmith for the cleaning of this pipe, but in time it was done and the water found its proper place. Thereafter the supply was abundant, though the quality remained very doubtful.

The source of infection of the two cases was found to be the town having the epidemic, where the unfortunate family had attended the annual fair. They had eaten in a restaurant, afterwards condemned and closed, and had mingled with the people of the infected town. The time which elapsed from the date of this visit to the appearance of the cases was the exact time of incubation. The authorities of the town with typhoid in its midst permitted the fair to be held and broadcast invitations to the entire countryside to attend, apparently unaware of, or indifferent to, the menace to public health. The fair, which is one of considerable local importance, is always well patronised. The one held last year was in nowise an exception, and the opportunity for spreading the infection would seem to account for many of the cases that developed in the outlying districts.

The two cases in the little home were of a severe type, both patients having hemorrhages in the second week. The younger patient made a good recovery and in his fifth week was convalescent. With the man of forty-five it was different; from the beginning his chances were doubtful. He had for a long time been suffering from rheumatism, was much undernourished, and had kept at his work of carrying mail for a whole week after he should have been in bed. He was unselfish and uncomplaining. He had aided in the care of his sick child and, on a hot sultry Sunday, had driven over eighty miles in search of a nurse. He fought a losing fight and died in his fourth week.

But one other case appeared in this village, the follow-up of it proving it not to be a contact case. The patient was taken to a hospital in another town where he eventually recovered.

Considering that for several days before the house was quarantined, friends of the family had assisted in the care of one of the patients, it seemed very possible that there might be some contact cases and with the original field of the epidemic daily becoming more distressing, the people of this village were alarmed for the safety of their families. It seemed an excellent time to suggest general vaccination, such as was being done elsewhere, and though one physician opposed and one was indifferent to this measure of safety, it took hold upon the more intelligent inhabitants of the town and several of them came to the back door of the infected house, asking for the serum treatments. A small amount of serum was supplied by the County Board of Health and the recipients, by their example and good words, helped to spread the propaganda.

The mayor of the village took vigorous action and persuaded one of the doctors to be present at the first of three free clinics to prescribe the dosage for immunising those who desired such precautionary treatment. In the meantime, the council of the town had appropriated $100 for the purchase of serum and other supplies, the domestic science laboratory of the high school was pressed into service as working headquarters, and the nurse was asked for her services in administering the serum, since the aged physician was unable to do this himself. At the second and third clinics,

she divided the labor with another member of the District Association, who likewise donated her services.

At all three of the clinics, the teaching staff and Senior pupils of the high school enthusiastically assisted. In spreading instruction concerning the need and purpose of vaccination, the teachers and principal of the school were of valuable assistance, since their explanations to the children reached the parents, especially those living in the outlying districts, in a manner that carried real influence.

Most of the parents consented but, as might be expected, from some quarters came opposition and objection. Many absurd reports and wild tales were told of the dangers of the treatment, but by far the larger and more intelligent portion of the townspeople presented themselves for immunization and all seemingly were appreciative of the service. The free clinic of the village was successfully carried through and its accomplishment reflects great credit upon the determination and public spirit of its mayor and the good sense and coöperation of most of its citizens.

Eugenical Sterilization

By Leon F. Whitney

THE fact that the United States Supreme Court has declared eugenical sterilization to be constitutional, makes it a subject of timely interest. The probability that the next few years will see a large number of sterilization laws passed by the several states, thus increasing the number of operations, makes it of especial interest to nurses.

The first laws requiring or permitting sterilization were written on the basis of a form of punishment. The idea was that here was a criminal or an insane or a feeble-minded person; the price each must pay for his actions or defects was to forfeit the right to reproduce. This was cruel and unusual punishment, and the courts were prompt to recognize it as such. But this was not the intent of the proponents of the eugenical sterilization movement. They wanted simply to protect society from the offspring of persons quite likely to produce defective children.

Judge Harry Olson, Supreme Court Justice of the Chicago Municipal Court, and Dr. Harry H. Laughlin of the Eugenics Record Office at Cold Spring Harbor, drafted the model eugenical sterilization bill which is printed in the latter's book "Sterilization in the United States," and also in "Eugenical Sterilization, 1926," the latter published by the American Eugenics Society, 185 Church Street, New Haven, Conn.

Twenty-two states had enacted sterilization laws which were more or less imperfect or on the wrong basis. Many were declared void by the courts, and rightfully so. The proposed model law, or a law similar to it, was rapidly adopted by ten states. During the past season two more states enacted sterilization laws and many more proposed them. It is not overoptimistic from present indications to believe that by the close of the 1928 legislative season there will be twenty states with laws which have teeth in them.

Virginia and Michigan carried their cases to the highest courts in their states. Then Virginia took the case

of Carrie Buck to the United States Supreme Court and now the matter is settled. All of the members of the court with the exception of Justice Butler assented. In his opinion Justice Holmes said:

> There can be no doubt that, so far as procedure is concerned, the rights of the patient are most carefully considered, and as every step in this case was taken in scrupulous compliance with the statute and after months of observation, there is no doubt that in that respect the plaintiff in error has had due process of law.
>
> The attack is not upon the procedure but upon the substantive law. It seems to be contended that in no circumstances could such an order be justified upon the existing grounds. The judgment finds the facts that have been recited and that Carrie Buck is the probable potential parent of socially inadequate offspring, likewise afflicted, that she may be sexually sterilised without detriment to her general health, and that her welfare and that of society will be promoted by her sterilisation.
>
> We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the state for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world if, instead of waiting to execute the degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.
>
> But it is said, however it might be if this reasoning were applied generally, it fails when it is confined to the small number who are in the institutions named and is not applied to the multitudes outside. It is the usual last resort of constitutional arguments to point out shortcomings of this sort. But the answer is that the law does all that is needed when it does all that it can, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow. Of course so far as the operations enable those who otherwise must be kept confined to be returned to the world, and thus open the asylum to others, the equality aimed at will be more nearly reached.

Thus far records show a total of over 6,000 persons who have been rendered incapable of reproduction, under the laws of several states. In not a few states many operations on institutional inmates were performed with their consent long before laws to enforce the operation were enacted. The vast majority of those thus far sterilised have given their permission, or their relatives have, where the patients were incompetent. I have good grounds for estimating the total number of institutional sterilisations at over 12,000 to date. Then, there are those thousands of degenerates born to respectable families (as the result of the uniting of skeletons from both sides of the family) who are kept hidden away in private sanitaria. No one knows how many of these have been sterilised, but their number is considerable.

The Methods Employed

AS to the methods of performing the operation, these are several. The writer is not a physician and will try to describe these in the language of a layman.

In the female, there are three methods. The principal one is salpingectomy. This consists in ligating and cutting or else removing a section of each Fallopian tube. The procedure, of course, necessitates an abdominal operation. I have been informed by physicians that it is about as serious as an internal appendicitis operation in which there are no complications. The patient must remain in bed two or three weeks and avoid heavy lifting for a couple of months, which is generally considered by institutional patients as the height of luxury.

A second and newer method is that devised and used for years by Dr. Robert L. Dickinson of New York.

A long heavy probe, thinner than a slate pencil, is inserted into the uterus and up to the entry of the Fallopian tube. The uterine opening of the tube is of a size to admit a bristle. The instrument is insulated, but a tiny platinum coil at the tip of it can be heated by electricity. When this tip is nestled into the narrow conical corner where the tube enters the uterus, the current is turned on for a few seconds and a burn produced. The resultant circular scar contracts, constricting the opening so that nothing can pass it. The process is repeated on the opposite side. The egg that appears between each period and the next and which is the size of the smallest visible speck of dust, comes to the strictured place and, finding it closed, merely is absorbed. This office treatment bids fair to replace salpingectomy after it has been further perfected and tested. It may be performed under gas or a small dose of ether. In order to determine the effectiveness of each individual operation, the patient is asked to return two to four months later and then air or gas pressure is applied to the inside of the uterus. If no air escapes through the tubes into the abdominal cavity, the physician is assured that the tubes are closed. This office test is done frequently to determine whether the tubes are open to permit the egg to enter the uterus. It is done without anesthetics.

A third method, as yet but little used but apparently promising, is sterilisation by radium or X-ray. This may be an important method in the future, but as it arrests the functioning of the ovaries, which the former methods do not affect, this is doubtful. A sudden "change of life" is the result.

The methods used on the male are vasectomy, castration and radiation. The last two are almost never used, as they tend to upset the glandular balance. Castration definitely changes the personality of the individual, but only if done when he is young.

Vasectomy is usually carried out under a local anesthetic. An incision is made in the scrotum. The tiny vas deferens or sperm tube is drawn through the incision and cut; the upper end is ligated and the end connected with the testicle is not tied. The other tube is treated similarly. In some cases, both ends are ligated. This is practically the same as the Steinach operation which is used to rejuvenate elderly men, except that that is performed on one side only.

The patients cannot tell that they have been sterilized except for the scars. They have simply lost the power to reproduce.

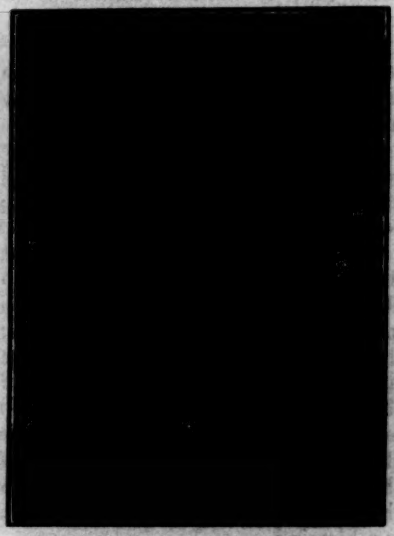
Those who can reason realize that this is a good thing. They want no children to come after them who might possibly inherit their defects; they wouldn't wish their troubles on their worst enemies, to say nothing of their children. Those who are too feeble-minded to worry about their children's troubles may be afraid of the pain and expense of an increase in their family. To such, sterilization is a blessing.

Sterilization is one of the kindest inventions of man. It prevents the birth of useless children to parents who are totally incompetent to raise them to be useful citizens. The misery among the sort of people who need to be sterilized is appalling and it is reasonable to state that if they could think intelligently and were free from religious superstition, they would do for themselves what nature is trying to do, but what we have prevented by our thoughtless charity; namely insure the world and themselves against their kind of children.

A Practical Croup Tent

By Amalia L. Metzker, R.N.

An easily constructed croup tent for a large-sized bed can be made by using a large bed cradle (33″ long, 26″ wide and 16″ high) and setting it up on end with the top of the cradle next to the head of the bed. Fasten it securely, by tying the lower middle rod to the bedspring, and use a bandage to tie from the top of the



A bed cradle makes an adaptable croup tent.

cradle, as it now stands, to the sides of the bed, as shown in the illustration. Cover with a blanket and pin neatly and securely. Use a regulation croup kettle and an electric plate on the bedside table.

This method proves to be particularly adaptable, as the tent can be used when the head of the bed is raised, without having to readjust the frame. The front ties can be adjusted to any desired angle, according to the amount of cubic space required within the tent. We found this a very convenient method of giving a prolonged inhalation in a severe bronchial case and also had occasion to use a croup tent in the treatment of a postoperative case of submaxillary abscess, where it was necessary for the patient to be up on a back rest.

Not only can this croup tent be easily and quickly put up or taken down, it also has the advantage of giving the nurse easy access to the patient for other bedside care.

The Tent in Operation

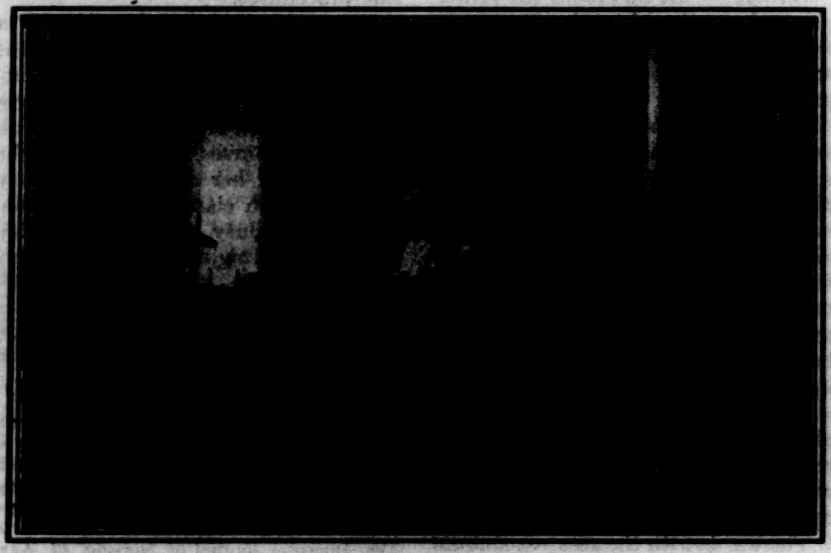
The Rochester State Hospital School of Nursing

By Anna L. MacPherson, R.N.

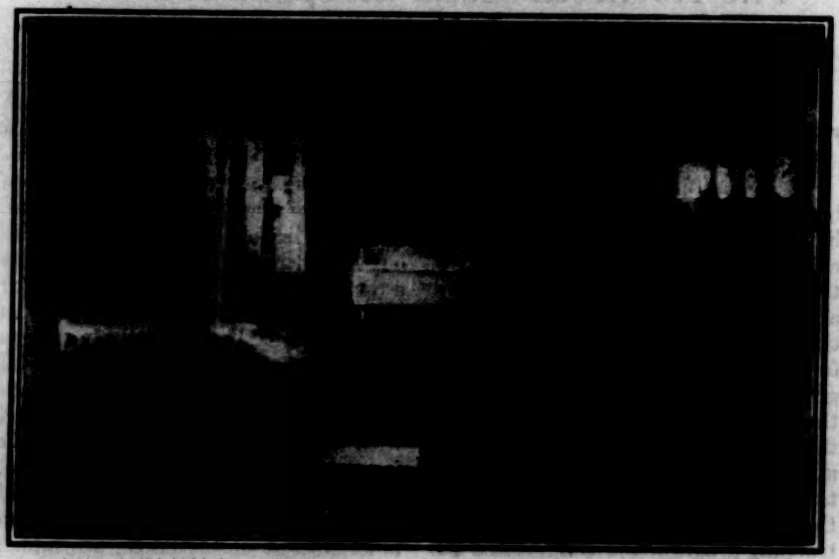
THE need for larger quarters for the School of Nursing of the Rochester State Hospital has been felt for some time past. This has been particularly true since the change was made from a two- to a three-year course, made possible by affiliations, and an increase in hours of theory and practice with a change in form of instruction from individual to group teaching. The allowance of time for study periods each day and the advent of a group of student nurses from three of the general hospitals of the city for a course in both theory and practice also added to the teaching program and necessitated the setting aside of additional rooms for the use of the school.

The overcrowded condition of the hospital made a move to more spacious quarters seem impossible to achieve, but with a promise of new buildings, a floor of the Women's Reception Service building was remodeled and given over to the school for a teaching suite. It is well lighted and airy and has an outside entrance. The suite includes a diet laboratory equipped to care for eight students and an instructor. In this electricity is used entirely, as gas is looked upon as unsafe in a hospital of this type. The study accommodates twenty students. It is equipped with desk chairs, a desk and chair for the instructor, and a blackboard. There is a good reference library of over two hundred volumes to which new editions of textbooks are added from time to time. The students have one hour each day of supervised study.

The demonstration and supply rooms are equipped to meet the



Lecture Room



DEMONSTRATION AND SUPPLY ROOM

requirements of the Department of Nursing Education for "standard equipment for a five-bed demonstration room." In this room the principles and practice of nursing are taught to the students in a group, the students acting as subjects for the different procedures.

The lecture room will accommodate one hundred students and is equipped with desk chairs, a desk and chair for the instructor, a projectoscope, aluminum curtain, a full size skeleton, a dissectable manikin, a complete set of Frohse charts, a blackboard and pointer. There is a good sized lavatory with screened water section, hand basins, slop sink, broom cupboard and individual drinking cups.

The principal and her assistant who gives much of the instruction have separate offices which are equipped with desks, desk lamps, chairs, filing cases, a typewriter and a speedograph.

The wards with the greatest amount of clinical material have been equipped for teaching units. Each ward has an examining room and a room equipped for nurses' use in carrying out bedside procedures.

The nursing personnel consists of a supervisor, a charge nurse, an assistant charge nurse, pupil nurses and attendants. The supervisors and charge nurses do much of the follow-up work of the pupil nurses, as the time of the principal and her assistant is mostly taken up with classroom instruction. The hours of duty are a 10¼-hour day and a 12-hour night, with 75 pass days during the year.

Where To Send Material for the Journal

SEND articles for publication, books for review, and all editorial correspondence to The American Journal of Nursing, 370 Seventh Ave., New York. Send all business correspondence (subscriptions, advertising, changes of address, book orders) and news items to The American Journal of Nursing, 19 West Main St. Rochester, N. Y.

The Passing of Old Blockley

By Ruth E. Rives, R.N.

"The old order changeth yielding place to the new!"

As it is impossible to measure the marvellous accomplishments of ingenious men in terms of mere weeks or even months, even so it is difficult to portray to the average mind the almost miraculous changes that have taken place in our own "little city within the gray walls of Blockley" in just three years, especially to the old graduates who will always hold in reverence the traditions and ideals of our school.

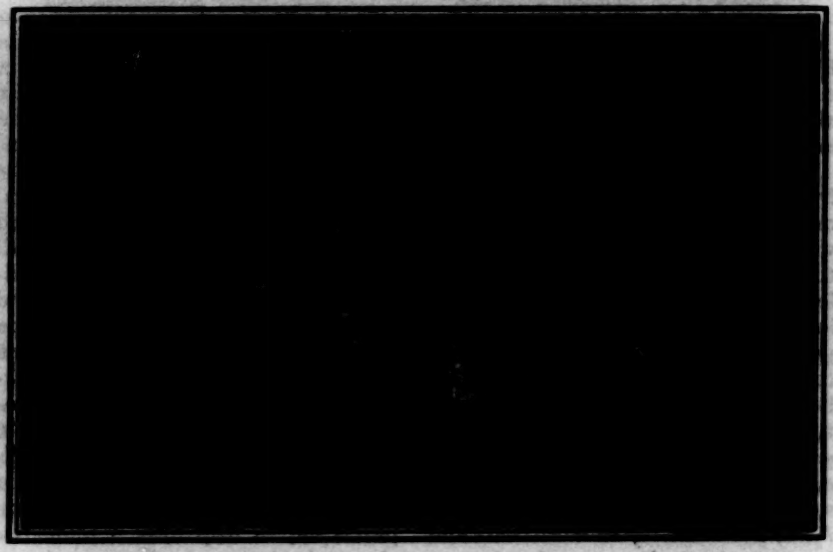
As each school of nursing is confronted with the same situation, it must meet it with all the gracious welcome possible, considering the sentiment of the older nurses who have loved and served in the wards in days long gone. Everything must be in perfect order and every new place or fixture must be made to appear to its best possible advantage, for the practiced eyes of every graduate are in search of changes. Every superintendent is conscious of voices everywhere saying, "Oh, it was not like this when *I* was a student." In most years and in most schools, however, the changes are not radical ones and the old graduate returns to find her beloved school much as it was when she left it, modernised only by the appearance of bobbed heads and shorter dresses. There is the place where she fell asleep on night duty! There is the room where she had that terrible Mr. Smith on special duty! Here is where she saw her first operation! And so she lives it all over again in happy reminiscence.

The Alumnae Reunion began this year with the annual pilgrimage to the grave of revered Alice Fisher, a pilgrimage which always takes place on the afternoon of Easter Sunday. Every graduate and student nurse who may be relieved from duty in the hospital is expected to attend, and she bears in her hand a white carnation which she places on the mound. This is one of the most impressive ceremonies of the school and it has made the memory of Miss Fisher a very real and beautiful part of its tradition. The procession from the Nurses' Home is led by the superintendent of nurses, a minister, and the president of the Alumnae Association, who bears the floral tribute of the old graduates. The marching line of uniformed women, the graduates preceding the students with their red and blue capes flying in the wind, forms a memorable picture with the green grass and the tall trees as a background. As the procession approaches the grave, which faces the spot in which Miss Fisher labored so diligently, each nurse stoops to place her white flower upon the grave, then passes on, to help form a semicircle about the spot. A short service is conducted by the minister and out there in the open the nurses sing the beautiful Easter hymns which Miss Fisher loved—a small tribute to the one whom we hold in great reverence, for she it was who made possible our school of nursing. It was Miss Fisher who lighted the lamp which has never yet burned low—the lamp of service.

The reception and banquet were the crowning events of the reunion. When all but the guests of honor—the graduating class—had assembled, the lights were extinguished and behold! "Florence Nightingale," soberly gowned in black and carrying her gleaming lamp,

slowly came into view, followed by the "Lady of the Lamp Escort," each bearing a lamp in her hand. A hush fell over the room. The solemn procession entered and slowly approached the guest table, where Miss Clayton, the superintendent of nurses, was awaiting the class. "Florence Nightingale" paused to place her lamp where its soft glow would illumine the face of our beloved superintendent, and then seated herself on Miss Clayton's right, while one of her own nurses stepped forward and held her lamp above the head of "Miss Nightingale." The escort was arranged in a double row from the guest table to the door and through this line marched the class, while the orchestra softly played "Our Dear Old Blockley." The guests of honor were received by Miss Clayton and were escorted to their places by the Nightingale nurses, whose gowns of soft gray and whose glowing lamps added great dignity to the already impressive scene. The Florence Nightingale Pledge was repeated and then all was light again.

In the midst of the speeches there appeared two old-fashioned nurses, who might have walked out of a picture. Or had we opened a history of Blockley to a page just fifty years ago? One was bearing a large box and the other a lantern. What could it all mean? Soon the speeches were over and reminiscences began, and our old-fashioned nurses came to the front. The lady with the box hastened to enlighten us. In the days long gone by, this had served as a container for the night nurses' lunch, which usually consisted of a cold beef sandwich or two, perhaps an apple, and always the same kind of cake. Have you, "Miss 1927," anything to complain of when your midnight supper is served to you piping hot? The lady with the lantern came forward to tell us her story, then we found out how the faint gas jets



FLORENCE NIGHTINGALE AND THE LADY OF THE LAMP ESCORT

had to be turned out early and the night nurse had to carry a lantern in order to give medications and take temperatures. Only when patients were critically ill could the gas lights be turned on. The night supervisor carried a lantern all night and when the sleepy night nurse saw long shadows approaching, she knew that she was near. It seems that the nurse will always be a symbol of light—first, the "Lady of the Lamp"; then, the lady with the lantern; and now, the nurse carries her own flashlight with her on night duty. Last of all came the nurse with her straw mattress and she proceeded to demonstrate how the nurses used to open and refill the old straw mattresses, which were used in order to make their patients comfortable as well as safe; for when said mattresses were returned from the fumigating room, they were so greatly overstuffed that the patients rolled out of bed. "Miss 1927," you have had your trials and nursing today presents many difficulties, but suppose you had trained fifty years ago?

When reminiscences had been set aside Miss Clayton spoke of the school of nursing and the Philadelphia General Hospital of the future. Yes, there is a future for us, and just as we were deploring the fact that our old buildings were being torn away, these old gray walls, these wards that we have known and loved, we began to rejoice in the bright future of the hospital that has risen from the ruins of old Blockley; for just as we must be broad enough to accept the changes in the ideals and standards of today, we must be willing to relinquish our old and beloved school for the one that is new and splendid. The transition was made when we first consented that the walls and the wards should go, and we cannot allow the actual procedure to dampen our ardor or to sadden us.

When Miss Clayton had concluded her speech, the Nightingale nurses came forward and each received from her a basket containing small pieces of stone, which were a part of the "walls of Blockley." These were distributed to the old graduates and to the guests of honor—a symbol of our steadfastness of purpose and a tribute to the memory of our old gray wall.

The magnificent buildings of rich, red brick, which have sprung up so miraculously since the breaking of the ground, two years ago, provide a marked contrast to the venerable gray buildings in the background. Yes, it is the passing of old Blockley! We are moving from the old to the new, as the moth emerges from the gray cocoon and spreads her wings to the life-giving sun, a beautiful butterfly!

The old gray wall, which has been a part of the hospital since it began, has been torn away, and like many an old and revered institution, it has gone down nobly to its last resting place, which is in the hearts of all of us—but, somehow, it has left a lonesome place against the sky! Still, too long have we been shut away from the outside world and the tearing down of the wall has been like the removal of a barrier which has stood between us and those who need us. It has been like an outstretching of arms and the world outside will come in to us, as we will go out to them, to help, to inspire, to serve, to make happier.

We are not losing our old traditions and our beautiful ideals as we leave the old for the new; we are taking all that is fine and beautiful with us—the soul of our work—and, like the dull gray cocoon, the empty shell is left behind.

We must, and we will make the fine standards and traditions of the old school, the stepping-stones to better and more beautiful ones in the new.

Listening-in With the Grading Committee

ALL over the country, every day in the week, in the hospital corridor, at the corner luncheon table, in the office, on the street car, in the hotel lobby, or the back row of the movies, little groups of nurses or doctors or patients are exchanging, in lowered voices, their personal opinions about private duty nursing. How instructive it would be if somehow it were possible to listen in to these thousands of conversations, and to discover not what people think they ought conventionally to say, but what they really do say when they talk to their best friends about nursing! Such wholesale listening-in is, of course, out of the question, but something approaching it is being done by the Grading Committee through its interesting device of distributing thousands of questionnaires, with questions on the fronts, but clear spaces on the backs, and the reiterated urgent invitation:

Please write your emotions and opinions on the back of this sheet. And remember, you need not sign your name!

In the closely guarded files of the Grading Committee, and coming in, in additional numbers, every day, are thousands of these anonymous communications from nurses, doctors, and patients, talking with apparently complete freedom and sincerity, under the comforting assurance that their unsigned letters can do no harm to any one, and may do good. Some of these letters contain stories that are breath-taking in their horror or their beauty; others are poignant with the human simplicity of their appeal. But when all the comments are taken together in the processes of statistical tabulation, there emerges from the mass a clear picture, a picture of everyday folk talking shop.

Supposing we could join a group of, say, ten or twenty private duty nurses gathered late at night perhaps for an impromptu supper in one of the girls' rooms at the nurses' club. What will they be saying? Well, if the tabulations of the Grading Committee give a true picture, most of the nurses will be talking hours. "The worst thing about private duty is these terrible hours!" "Our hours are too long!" At least six of the twenty guests will have their say along these lines, and every girl in the room will nod agreement. "But after all," some one will say, "private duty is awfully interesting, and you feel as though you were useful, and you do get a lot of enjoyment out of it!" That kind of comment is made by at least four members of the group, and either the same or four others add, "And you certainly have more freedom than you have in any other branch! You are your own mistress!"

"Oh, well, but what's your precious freedom worth, when you think of the things that are wrong with it!" protest two fresh voices. "It isn't only the hours! The work is too uncertain. You don't have any opportunity at all for normal social life, or outside interests. And if you happen to be on a hard case, it's altogether too strenuous!"

"Well," say two others, "you can earn more that way than you can on general floor duty" (and if this is a typical group no one stops to figure out that $80 a month, with maintenance, is equivalent to at least $1,460, which is more than most of the private duty nurses in that group succeeded in earning last year)!

"I certainly wish I could get into institutional work!" says one girl (and another agrees with her in all she says); "I spend so much time on call! But I've got people dependent on me,

and so I have to stay where the pay is best."

"What's the use," chime in two girls together, "of knowing that the pay's good, when you can't ever be sure of getting it? Private duty pay is altogether too uncertain. You can't count on anything!"

"Well, Nell and I agree we'd rather do private duty than any other type of nursing we know of," says Ruth; and Nell adds, "What I like about it is the opportunity it gives you to meet all kinds of people. They're so awfully interesting, and you make such lovely friends!"

"Oh, but it's so confining! You don't get any recreation or outdoor exercise, and if you're on day duty, you never see the sun! I wish to goodness I knew how to get into public health work!"

"Well, I don't. I like bedside nursing. I do like the close contact with my patient, and the chance to take complete care of him, and take enough time for it to give him what he needs. It gives you the feeling of being of service to humanity which is what I entered training for!"

"I like it," says the girl in the corner, "because it gives me a chance to live home with my folks!"

"It's all right if you've got a family to pay the bills, but you'll never be able to save anything, yourself!" come other voices, one by one. "You don't get decent pay for the number of hours you work!" "It's too confining!" "It's too nerve racking!" "After a few years of it your health becomes undermined, and you go to pieces!"

And so the talk goes on, with good and bad alternately stressed, until the party breaks up with a laugh and a sigh, as one girl voices the feelings of all the rest: "Well, anyway, in spite of it all, I do love it!"

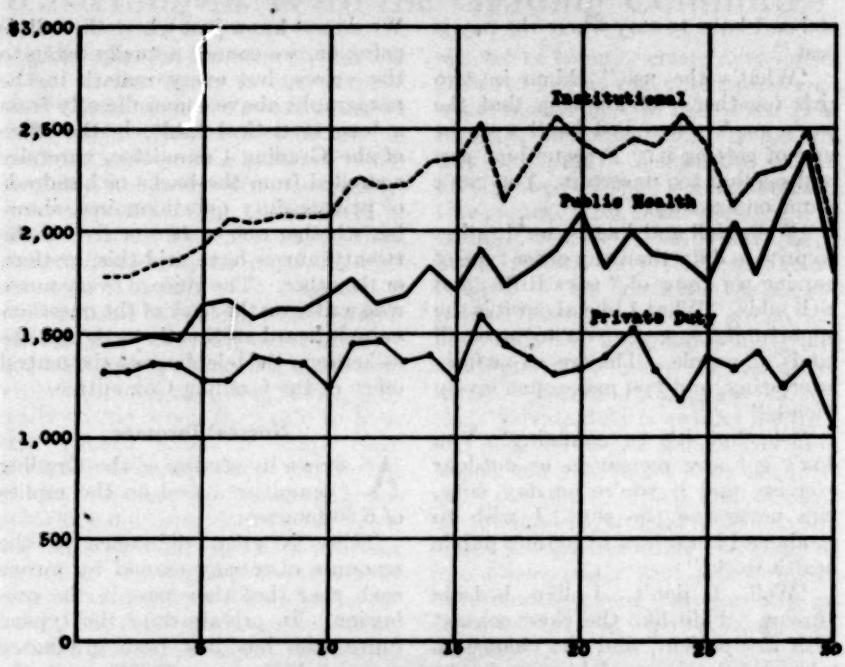
This is not an imaginary picture. We do not know just where the talk is going on, we cannot actually listen to the voices, but every remark in the paragraphs above comes directly from a long statistical table, in the office of the Grading Committee, carefully compiled from the backs of hundreds of private-duty questionnaires, showing whether one or two or five of the twenty nurses have said this, or that, or the other. The voice of every nurse who writes on the back of the questionnaire is heard as directly as though she talked over the telephone to the central office of the Grading Committee.

Nurses' Incomes

AS shown by studies of the Grading Committee based on the replies of 6,502 nurses:

There is great difference in the amounts of money earned by nurses each year that they pass in the profession. In private duty the typical nurse who has just been graduated earns a little over $1,300, and the nurse who has been out ten, twenty, or thirty years, also earns about the same amount. There is no increase in sight for the private duty nurse, and the longer she lives, the less chance she has of increasing her earnings. The typical private duty nurse earns $1,324, and if her daily wage is taken at $6.50, which seems to be the average for the country as a whole, this means that the private duty nurse probably works slightly less than seven months, and is idle more than five months during the year. In her months of idleness she must live upon savings she has accumulated during the months she worked.

The typical public health nurse starts earning at about $1,450 and can look forward to a slow but steady increase through all the years she works, with a marked increase after she has been out from the training school



YEARS OUT AND YEAR'S PAY

Average salaries received by private duty, public health, and institutional nurses who have been out from training school each number of years. (Institutional salaries include a flat allowance of $500 a year for maintenance.) Averages for the whole group: private duty, $1,324; public health, $1,714; institutional, $2,103.

twenty-five years. For the entire group, the average was $1,714.

In figuring the earnings of institutional nurses, an allowance was made of $500 a year for maintenance. This is an extremely conservative estimate, since it is less than $10 a week for board, room, and laundry. With this allowance, institutional nurses start the first year at about $1,750 and increase with great rapidity during the first fifteen years, until they have reached almost to the $2,500 mark. After the nurse has been out of training twenty-five years, the institutional salaries begin to drop. The typical institutional nurse earns $2,103 a year. Both the public health and institutional nurses, as they start their work, may look forward to increased pay for increased efficiency. The private duty nurse, no matter how efficient she becomes, looks forward to a dead level of economic return.

Questionnaires are being sent to 10,000 private duty nurses in an endeavor to find out—first, the amount of unemployment in August; second, the number of nurses who are supporting dependent relatives; third, the experiences nurses are having with registries. Once again the Committee is asking: "Please write us what you really think about these problems"; and every private duty nurse can know that what she has to say will receive a hearing.

Health Education for Student Nurses

By Leonhard Felix Fuld, Ph.D.

THE work in health education for nurses in training described in this paper was undertaken by the writer at the suggestion of Dr. George O'Hanlon, medical director of Jersey City Hospital, and credit for whatever has been accomplished belongs primarily to him and to his assistant, Miss Murdoch, director of Nursing Service at that institution. The work is based upon the hypothesis that much of the ill-health from which young women in the nursing profession suffer can be prevented in whole or in part by forceful health discussion, thorough physical examination, and painstaking follow-up for the removal of remedial defects during their period of training.

During the past school year, the work was carried on by the writer among the nurses in training in three hospitals in the Metropolitan area of New York City. In each institution it was carried on in a different manner, although the general principles underlying the work were the same in each institution. Several other hospitals have expressed their desire to establish similar work.

The work has been based on ten instruction periods in health education for the students during their probationary period. This gives the instructor the longest time to work with the girls, establishes correct habits of living at the very threshold of their professional careers, interferes least with the ward duties, reaches the girls when their minds are in the most receptive state and enables the director to enforce disciplinary action, when necessary, with least hardship for the student.

One instruction period is devoted to each of the following subjects in the order named:

(1) Eyes, (2) Nose and Throat, (3) Teeth, (4) Feet, (5) Heart, (6) Lungs, (7) Stomach, (8) Kidneys, (9) Intestines, (10) Skin.

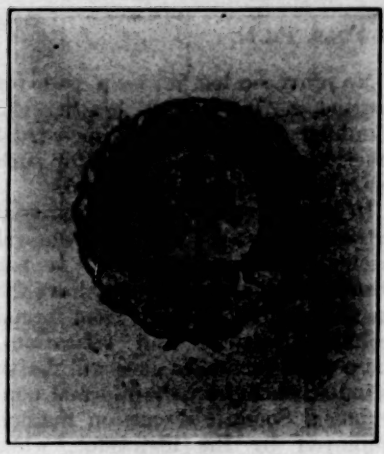
No provision has yet been made for instruction in mental health, the glandular system or the menstrual function, although the need for such instruction has been recognized.

In the presentation of the material to the students a severely non-technical method has been adopted. It has been felt that although many have the mental capacity to profit from formal technical lectures and recitations, these more fortunate ones will derive as much benefit from the informal, non-technical Socratic discussion method employed by the instructor, while many, lacking the mental ability to follow with profit a more technical presentation of the principles of correct living, should have provided for them this more effective non-technical presentation.

The writer has had more than ten years of experience in the use of the Socratic method of informal discussion and has found that among all groups of men and women, irrespective of age or previous educational advantages, the stimulus of free discussion and liberty enjoyed by the students, the use of hyperbole and sarcasm by the instructor, and the reduction of the principles taught to the lowest common mental denominator, serve to impress these principles indelibly upon the minds of the students.

Physical Examination and Removal of Defects

AFTER each discussion period each nurse is given a searching physical examination on the subject covered by that day's instruction, and is given a percentage rating on condition, based on the result of that examination. This examination should preferably be conducted by a physician young in years, but rich in professional



BELLEVUE HEALTH AWARD

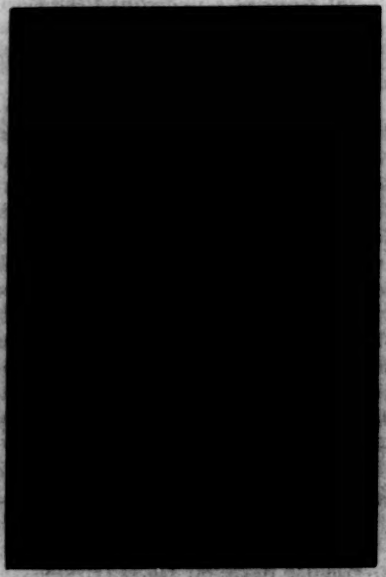
experience and scientific interest. If no such physician is available on the hospital staff to conduct the entire examination of all the nurses on successive days of instruction, it will be found best to have it conducted by a person trained in the technic of physical examination rather than by a physician who is by temperament and training interested more in the art of healing than in the science of prevention. The function of the examiner is strictly limited, under this system of health education, to the detection of physical defects and under no circumstances does the examiner make recommendations for their correction.

The entire facilities of the hospital and of its highly trained personnel are placed at the disposal of each nurse to enable her to remove all remedial defects disclosed upon examination and she is urged to attend to this important personal and professional duty without delay. Her health score on each item of the physical examination is posted in the classroom where all her classmates can see it, and as she removes a physical defect she is given credit therefor on her posted score. As a further stimulus, a prize is given by some of the hospitals at graduation to the nurse who has the best health score and although the necessity for such action has not yet been felt, it is possible that nurses who persist in maintaining a health score so low as to be detrimental to their professional success may be dropped at the end of their probationary period.

Collateral Reading

THROUGH the coöperation of Dr. Lee K. Frankel, vice president of the Metropolitan Life Insurance Company, there is placed in the hands of each nurse, at the end of each instruction period, a pamphlet issued by that company on the subject matter of the lesson. The titles of these publications are as follows:

(1) Eyesight and Health, (2) Common Colds, (3) Care of Teeth, (4) Foot Health, (5) Strong Hearts, (6) Pneumonia, (7) All About Milk, (8) Diabetes, (9) Dyskinesia, (10) How to Live Long.



BELLEVUE'S FIRST PRIZE WINNER

BEDSIDE RECORD OF

_____ JERSEY CITY HOSPITAL

Month of SCHOOL OF NURSING

_____

SUBJECT	LEGEND	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Bowel Movements	Number																															
2. Sleep	Hours																															
3. Cookies	Slender																															
4. Unexcused Pain or Tenderness	Yes (x) No (o) Morning (M) Noon (N)																															
5. Pain																																
6. Bath	Yes (x) No (o) Shower (S) Cold (c)																															
7. Menstrual Flow																																
8. Water	Glasses																															
9. Teeth	Times Cleaned																															

WEIGHT: First Day_____ Last Day_____ Height_____

EXPLANATION OF FAILS Give date and location, e.g. (6) Headache

_____

_____

_____

I certify upon my honor as a nurse in training, that the bedside record has been faithfully kept and accurately recorded.

Signature_____

Although these pamphlets are also severely non-technical in character, they are brief, authoritative, interesting, and constitute a personal health library of the greatest usefulness and one likely to be assimilated and retained for future reference to a larger extent than more formal texts.

Bedside Charts.—To impress daily upon the minds of the nurses the importance of the elementary principles of correct living, each is required to keep at her bedside in the residence, a chart on which she records the most important events in her personal life, daily, and certifies to the accuracy of these entries at the end of each month, upon her honor as a nurse in training. These bedside charts are examined by the instructor each month and when necessary, individual conferences with the student, and consultations with specialists on the hospital staff, are arranged by the instructor. These charts have been found to constitute a most valuable aid in this health instruction work.

Conditions Found

THE outstanding fact which this work in health education has disclosed is that almost all of the physical defects found have antedated the period of training and have been only in a few isolated cases aggravated during the period of training. This is the more remarkable because the life of these young women while in training is unusually active, both physically and mentally, and the change from the normal home life of a young girl to that of an institutional worker is usually considered fraught with some danger to health. Furthermore, the dangers of hospital environment, if we are to judge from the experience of internes who are brought into less intimate contact with patients than are nurses, would seem to corroborate this erroneous hypothesis.

The writer plans to publish in a subsequent paper a detailed statement of the conditions found among student nurses, the results obtained in the correction of remedial defects, the methods employed in such correction. This will include a brief statement of correlated work undertaken among these nurses in field trips of inspection to places of professional interest, in gymnastic instruction including the correction of the all-prevalent foot conditions, and the elementary principles of self-defence against delirious and otherwise intractable patients.

The Stranger within Our Gates

NURSES are always moving about. Sometimes they move only within their own states, but often they go to another state. When they do, what happens to their membership? In some states the nurse is eligible for membership in the state nurses' association without registration in the new state, provided she is a registered nurse in some state. In others, she is not; she cannot become a member until she is registered in her new home.

The Advisory Council of the American Nurses' Association had this stranger in mind at the meeting it held in June, in San Francisco. It recommended that all transfers of membership from one state to another be based on the fiscal year of the American Nurses' Association, which is the calendar year. If this is adopted, it will do away with all the old conflicts that arose when the years in different states varied.

We recognise, then, that in certain instances there are difficulties in the way of a nurse continuing her organization affiliations if she moves from one state to another. An effort is constantly being made to work out a solution of these difficulties.

One of the greatest common difficulties is the feeling of strangeness which anyone has, and the nurse is no exception, on entering a strange community. It is up to members of the home organization to find her, to want to make her so much one of themselves that her interest is aroused and any indifference she may have had to forming new affiliations is overcome. Perhaps we have criticised her for wanting to maintain affiliation with her old state, but what have we done to make it easy and pleasant and profitable for her to find us?

How may she find the new association, for instance? You say she can look up the name of the state secretary in the *Journal* and learn the address of the local association through her, but this nurse may not know that. Have you ever tried, as a matter of interest, on going into a new community, to find the local nurses' association in the telephone book? Commercial registries are carefully listed, both in the classified and in the general sections, and visiting nurses' associations are fairly easy to find. Individual nurses with telephones in their homes are readily located. But the district or the state association and, many times, the official registries? they are often noticeable only through their obscurity or their complete absence.

Sometimes we find welfare, religious or educational agencies through advertisements, or small notices printed periodically in newspapers. Could not nursing organizations do this once a week, or oftener, so that strangers

coming into the principal cities of the state would know where they can find the officers of that district? It would not be a large expenditure.

And the nurse herself? It is up to her too, of course. She should ask that a transfer card be sent by the secretary of her old state organization to the secretary of the state to which she is going. At the same time, how splendid it would be if she should receive from her secretary the address of the officers of the district to which she is bound. They, via their state secretary, should receive her name, too, and she should not be surprised, after she has arrived in the strange city, to find an invitation asking her to attend a district meeting. Her new address may be learned through the state she has left. The nurse should see to it that a forwarding address has been left with her association.

What a difference it would make, when the nurse was introduced at a meeting, if some one were to say: "Yes, we heard you were coming, and we are so glad to see you."

These words are quite true, for her new organization has been on the lookout for the stranger. Perhaps they have learned her address through the official registry, or through the institution she has come to serve. It may be that a member with an hour to spare has looked her up. This small attention adds to the written invitation she receives to attend the next district meeting, and she goes feeling that her colleagues care.

If registration in the new state is required for membership, the stranger then loses no time in making herself eligible. She has learned the truth of the saying, "Once a member, always a member," and she feels at home in the American Nurses' Association wherever she goes.

Should the Nurse Take Part in the Scientific Work of the Medical Profession?[1]

By Clemens Pirquet, M.D.

FORMERLY the art of the physician, half handicraft, half secret doctrine, was handed down by word of mouth from master to apprentice. Isolated prominent thinkers amongst the Greeks, the Romans, the Arabs, and the European physicians of the Middle Ages, added new and original ideas, but their discoveries bore rather the stamp of intuition than of experiment. It was as late as the Seventeenth Century that medicine began to be regarded as a science in the present meaning of the term, not built upon authority and blind traditions, but upon minute observation of nature which every student can repeat in order to convince himself.

In olden times nursing was a part of the art of medicine and it is only since the days of Miss Nightingale that the two have begun to separate and that nursing has been considered as a special art. That it is necessary for a nurse to have professional preparation is not universally accepted even now. The older generation of doctors is still largely of the opinion that no special knowledge is necessary for a nurse and

[1] Read at the Interim Conference of the International Council of Nurses, Geneva, Switzerland, July 29, by Mlle. Birkner, in the absence of Dr. Pirquet.

that good will, physical capacity for work and common sense are all that should be expected.

We of a younger generation, however, think differently. We do not wish the nurse blindly to follow the doctor's directions, we want her to understand them. We think that she should have a good knowledge of anatomy and physiology; know how illnesses are caused and what effects they have upon the organism; she should be able to judge the effect of the various nursing procedures in order to convince herself of their value or otherwise.

And thus we come to a further scientific advance for the nurse; she should also learn to think independently and form new conceptions. We must not, however, go to extremes and demand independence of thought in every nurse, but should give scope for development to those who show taste and ability in this direction. I do not consider that the scientific research work of the nurse should take the same form as that required for the doctorate in many countries, namely the writing of theses. This method of forcing scientific research does not lead to striking results and very much time is wasted in superfluous, valueless, dilettante work. There are many natures that can do excellent imitative work but are inadequate as soon as they try to produce original ideas. A capacity for original thought is rarer, apparently, in women than in men. The attempt to force nurses into more independent and more scientific activity would probably be still less fruitful than is the demand for dissertations from the doctor.

But those nurses who possess the capacity for scientific work should be encouraged to collect the facts they have observed, to write down and publish their scientific conclusions and also to experiment. In my clinic it is chiefly the kitchen which has offered opportunities for originality to the nurses. To a certain extent every cook is an experimenter; in every dish the mixture of ingredients, the application of heat, the seasoning, are experiments. But only a very few cooks are able to draw general conclusions from their experiments and reproduce their experiences in written form so that others may learn from them.

The second field of scientific activity for our nurses has been the observation of infants and young children in the minutest details which do not strike the doctor. He, as a rule, is only present for a short time, but the nurse can observe the child day and night. Thus, for instance, a head nurse in our infant department has worked out an entirely new system for charting appetite.

A third field in which our nurses in a successful manner do independent work is in the observation, analysis and treatment of mentally abnormal children. The method of getting the children to play together and thereby bring to light their true character was created by a nurse.

We should like nurses to have scientific magazines similar to those for doctors in which could be admitted shorter or longer articles without difficulty. This would, in a few years' time, lead to competition in scientific activity among nurses, a state of affairs which would be most satisfactory for the nurses themselves and of great service to suffering humanity.

Editorials

Wanted—$ $ $ $ $

A FOOLISH title to put in a nurses' magazine? Not a bit! Nurses are so extraordinarily loyal to their profession that some way, somehow, they find money to support its important activities. This is one of the times when the massed strength of the profession—the American Nurses' Association numbers 62,000 strong—is needed.

The work of the Grading Committee is under way. It is work that has already begun to influence, in a constructive way, the whole profession and the attitude of others toward us. Private duty nurses, in particular, are beginning to feel the tremendous value of having fact instead of opinion to support their beliefs. As the study goes on, its findings will be available for public health and institutional nurses. It bids fair to show up the excellencies and the weaknesses of our schools. It is safe to predict that nursing ultimately will be put upon a sounder economic foundation than it ever has been. These are all reasonable assumptions, provided money is secured for continuing the study. The work of the committee is costly. Consider the expense connected with only one small item of it, such as the collection of data from the 6,000 nurses who answered the question on salary, recorded on page 751. Many thousands of post cards and letters had to be sent out to secure those returns, for unfortunately not every nurse answers the questionnaires. The cost of this mail alone, without any of the statistical work, was over $2,000.

The work, as all the nursing world knows, is sponsored by the three national nursing organizations and by the American Medical Association, the American Hospital Association, the American College of Surgeons and the American Public Health Association. It could not have been started had Mrs. Bolton not contributed the initial thousands of dollars. The seven parent organizations are all contributing, but this is primarily a nursing project. Nurses everywhere want it; they want it to be essentially their study, and for this reason they want to support it. The way to do this is now open. Letters are going out to every nursing organization and to every member of the American Nurses' Association. This is an opportunity to win, in a new way, the respect of the other participating organizations, for we know that the nursing profession will go over the top in short order. A few days after the letters are in the mail, we predict that nurses will begin sending in their contributions of one or two or five dollars; state, district and alumnae associations and state organizations for public health nursing will peer into their treasuries and "give till it hurts" and the leagues—the leagues are going to just barely miss bankruptcy—for the leagues want the schools graded.

This is a challenge to the nursing profession. It is an opportunity to secure respect by demonstrating our own self-respect, or readiness to give financial as well as moral support. We will demonstrate anew the marvellous cohesion and the dauntless spirit of nurses.

Miss Bailey Succeeds Miss Gilman

ON September 1, Alice Shepard Gilman completed five years of brilliant service as secretary to the State Board of Nurse Examiners of

New York and turned her very responsible office over to Harriet Bailey who has for some time been associated with her. Miss Bailey is very favorably known in schools of nursing from coast to coast and from the lakes to the gulf. The appointment is a happy one.

Miss Gilman entered upon her arduous duties with courage, zealous energy and tenacity of purpose. She had certain clearly defined objectives, desired goals which were logical next steps in a program that had unfolded under her predecessors in office. These objectives she has steadily striven for and at the end of her service she finds them accomplished facts. They are:

(1) The establishment of uniform standards through the personal inspection of all nurse training schools registered by New York, regardless of their location.
(2) A system of affiliations by which all students might be given the privilege of receiving the necessary training and experience which only adequate clinical facilities make possible.
(3) Accurate enforcement of the provisions of the New York State law in relation to the required amount of high school preparation.

Few people are in a position to appreciate the enormous volume of detail handled in such an office as that which Miss Bailey now occupies. It is one in which she will find her particular endowments both native and acquired, of inestimable value, for it requires not only administrative gifts, sympathy, judgment and boundless tact, but knowledge both broad and deep. The foundation is secure, the superstructure is really only just begun.

Miss Gilman, characteristically, will now do some pioneering. She will become a "Hospital Consultant and Adviser on Nursing Service." Here is an opportunity for those who have longed to have a nurse's expert knowledge applied to plans of both hospital and nurses' homes, for a nurse knows how many times a day space that is badly planned exasperates and impedes those who must work in it, causing demonstrable waste of time which is also waste of money. It is a field in which a suitably prepared nurse has much to give. Miss Gilman is such a nurse.

The American Hospital Association

THE handsome pre-convention number of the Bulletin of the American Hospital Association is now available. This is the first time the association has published a bulletin containing complete advance information and it should do much to increase the always impressive attendance. The American Hospital Association is an all-inclusive hospital organization and, as is customary, it will have meeting in conjunction with it, the Protestant Hospital Association, the Children's Hospital Association, the American Hospital Occupational Therapy Association, the American Association of Hospital Social Workers and the Hospital Dietetic Council.

This year's exhibit, at Minneapolis, October 10–14, promises to outdo those of past years, and last year's exhibit was exceeded only by the Automobile Show and the Railway Supply Manufacturers' Association exhibits.

Many of the delegates will, for the first time, have an opportunity to visit Rochester, America's medical Mecca. Plans are under way which will make it possible for workers of various types to see those things which will be most profitable. With the College of Surgeons meeting in Detroit, the American Public Health Association in Cincinnati, and the

American Hospital Association in Minneapolis, the Middle West will entertain a high percentage of the hospital and health workers of the country during October.

Undelivered Journals

THE postman brought them back by fives and tens—all huddled together under a strap and looking oh, so limp and worn! Poor things, they were terribly disappointed, and so were we.

Why did they come back? July and August are big vacation months. In the rush of getting ready to go away, finishing up the "last things," nurses often forget all about the *Journal* and make no provision for its reception during their absence. Then, too, when they change their addresses, they are not always careful to notify the Rochester office in time, or they give only the new address and forget the old, or they do not tell us anything about it until two, three or four months later, sometimes not even then. And we are supposed to know, by some sort of sixth sense, just where they are. Would that we were gifted with this super-something! It would save us many a heartache, headache, and lots of money.

To Uncle Sam, the *Journal* is just another publication to be handled. If it cannot be delivered it is returned, at an additional expense to the *Journal*. (We paid out $30.34 on returned *Journals* during July.) There is no room for sentiment in the transaction.

To the nurse, the *Journal* should be—what it really is—a vital thing, for does it not contain the very thoughts and experiences of men and women who are anxious to help others?

While we have the "floor," we would like to mention Want Advertisements. Every advertisement has a key letter or number, or the address of the hospital is given. When answering an advertisement, it is absolutely necessary to give the exact key letter or number. Some letters come in with keys that do not appear in the want column; some come without any key at all, and there is often nothing in the letter to indicate which advertisement is being answered. Seekers after New Positions, when that happens the only thing we can do is to return the letter to the writer. That means delay and perhaps by the time the correction is made the position is gone. Remember, it is the *alert* early bird that catches the early worm.

Oh, yes, there is just one more admonition. All business letters, those pertaining to subscriptions, changes of address, or advertisements, should be sent to the *Rochester office, 19 West Main Street.*

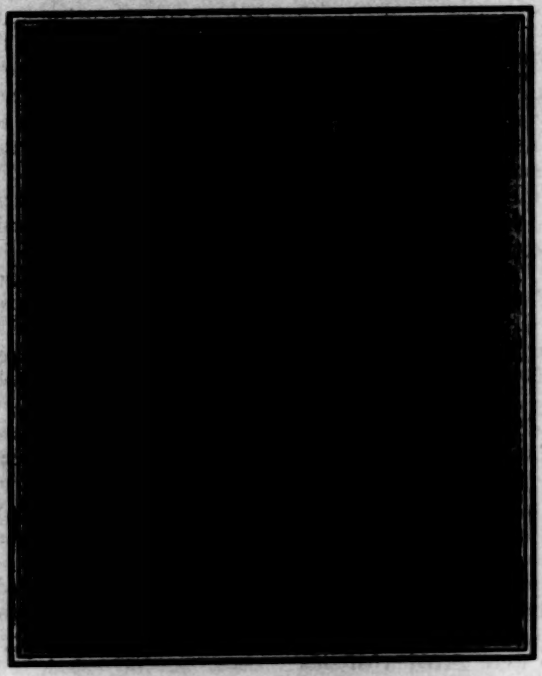
If you have not received your July or August *Journals*, write to us about it.

The "I. C. N."

WE have been watching eagerly for news of the International Council of Nurses which met in Geneva, Switzerland, in July. A welcome packet from Miss Clayton brings the program, comments on the meetings and a first installment of addresses made there. One of these papers we give this month, with a résumé of the Conference doings as gleaned from the papers received.

The good news was sent ahead, by radiogram, that the 1929 meeting of the International Council will be held in Montreal, in July or August—a great opportunity for the nurses on both sides of the border.

Who's Who in the Nursing World



LXXIV. ADAH L. HERSHEY, R.N.

Many are the facets to a vivid personality such as Miss Hershey's. One is that presented as cheer leader of a group of nurses singing "That's Where the Tall Corn Grows" on a transcontinental special train. Another is that of an energetic and enthusiastic presiding officer carrying a meeting along with vim, enthusiasm, and understanding of many points of view. Yet another is that of the earnest committee member analyzing nursing problems. All of these and many more are apparent in relation to Miss Hershey's particular work. She is not only an active worker in the State Nurses' Association of Iowa and a member of the Board of Nurse Examiners, but her day by day or better, her year by year activity, is that of superintendent of the Public Health Nursing Association of Des Moines, a position in which she has won distinction.

Although her name is indissolubly connected with nursing in Iowa, Miss Hershey is a native of Ohio. Professionally she hails from Michigan, where she was graduated from the Blodgett Memorial Hospital School of Nursing.

She acquired her early interest in public health nursing on the staff of the Grand Rapids Visiting Nursing Association.

An Analysis of Specific Types of Short-Type Questions as Used in the Schools of Nursing[1]

BY ETHEL BACON, R.N.

IN order to obtain information concerning the actual use of the newer types of examination questions, questionnaires were sent out to representative schools over the country asking the following questions:

1. How long have you been using the new type questions?
2. Of what value are they to you?
3. Which type do you find most useful?
4. Please send a copy of a typical set of your questions.

Replies were received from individual instructors of many states, and in a few instances from the local Instructors' Section of the League. For all schools reporting the use of the New Type of Examination, the average length of time was about two and a half years with the maximum of six years. This shows that the use of the new or short type of examination is becoming more general and that the schools are beginning to think seriously about this question of examinations.

In answering the second part of the questionnaire, "Of what value are they to you?" these instructors were fairly unanimous in stating the advantages of this type over the essay type of question. The advantages may be summarized as follows:

1. More ground covered in less time.
2. Good for drill work in all subjects.
3. Clearer, more concise, calling for definite answers.
4. Objective marking fairer to the student.
5. Educational in providing a method of student checking up.
6. Gives instructor a helpful insight into student's abilities.
   (a) Ability to follow directions as in Matching tests.
   (b) Ability to reason as in True-False and Multiple Choice.
   (c) Ability to recall knowledge as in Completion.

Besides the advantages just enumerated, which make the newer-type questions a valuable educational tool, the instructors who reported feel the use of such questions should stimulate the teacher herself to improve her methods of teaching. She must acquire the technic to formulate good questions if she is going to get the results hoped for. As one instructor puts it, "I am sure that the use of these tests is in itself an art, for this year, after continued practice in constructing them, they are more valuable to me than before!"

A few of these instructors pointed out certain disadvantages, the chief one being lack of stenographic assistance. This is a very real problem, since the questions must be typed. In any good final examination there should be at least one hundred questions and it is not possible to dictate these to the students. However, with the rapid development in the nursing schools, this matter of a multigraph machine will be taken care of. Some of the instructors felt that there was a lack of practice in self-expression and

[1] Read at the Instructors' Section of the annual meeting of the National League of Nursing Education, San Francisco, June, 1927.

organization, or thinking the problem through. Is it right to expect this in any examination? Even in the essay type of questions, is there much opportunity for development along this line? The time is usually limited and the emphasis is placed upon memory of facts rather than expression in English. Could not this practice be gained much better in out-of-class assignments, such as working out a project, discussion of a definite topic, or evaluation of certain material? Another disadvantage felt by the instructors was that a wrong impression is left with the students in the True-False Examination. This point was raised by educators early in the use of these questions, but it has been proven to be a groundless fear. Dr. Remmers of Purdue University found that not only was there no negative impression left, after a True-False examination, but there was some positive gain to the student. Would it not seem, then, that the advantages outweigh the disadvantages?

The answers to the third part of the questionnaire, "Which type do you find most useful?" were somewhat varied. Before giving these results it might be well to classify the different types of questions under the two main headings—Recognition and Recall. Under Recognition are included the True-False, Matching and Single or Multiple Choice questions; and under Recall—Completion Sentences, Pertinent Statements, and Association, such as Analogy and Relationships.

It was felt by the majority of instructors that Anatomy and Physiology, Nursing Principles, Materia Medica, Bacteriology and Chemistry lend themselves well to all forms of the Recognition and to Completion, under Recall; Hygiene and Sanitation to out-of-class examination; Drugs and Solutions to Relationships, and History and Psychology to Pertinent Statements. It follows from this that many of the subjects can be taught in different ways and it is wise to use more than one type of question in examinations.

There is another side to be considered and that is, which kind tests the student's knowledge better, or in other words, in which type do they make the more satisfactory scores. In order to have some definite data, a series of weekly tests, covering a period of three months, was given to a group of forty probationers at the Bellevue School of Nursing. A set of True-False statements given one week was alternated, the following week, with a combination of Completion, Matching, and Single Choice. The subject used for these tests was Nursing Principles. It was found that the students made higher scores on the Combination form than on the True-False. The final test was given in both forms, using exactly the same material for each set of questions. Half of the students were given the True-False test and half the combination of Completion, Matching, etc. As soon as these papers were handed in, those who had taken the True-False were given the Combination form and those who had taken the Combination were given the True-False. Again the same results were recorded as for the previous weekly tests. Tests were also given weekly in Anatomy and in Chemistry, alternating the True-False with the combination of other forms and the same results were found in these subjects.

If scores form a criterion as to the value of these tests, these findings would suggest that True-False statements do not test the students' knowledge as well as do other forms. But is a test of knowledge the only thing to be gained from an examination? Is not the ability to think in terms of the

subject matter one objective in a good examination? If a student misses a statement in the True-False test, but answers it correctly when put in another form, as in the completion, it shows that the student knows how to recall that bit of knowledge. In other words, when the sentence is started, the student can finish it; but if asked to decide whether or not a statement is true, she is unable to reason it out. As a result, she guesses with only a 50 per cent chance of getting it correct. Some illustrations of this are: Twenty-five out of the forty students failed on this statement: "Anaesthesia is the drug given to produce insensibility to pain"; but when stated as a single choice "The drug given to produce insensibility to pain is (1) Anaesthesia, (2) Anaesthetic, (3) Anaesthetist," only four failed to underline Anaesthetic. This shows that twenty-one out of the twenty-five knew the difference between anaesthesia and anaesthetic, but failed to read the statement carefully. Sixteen students missed the statement: "A cold clammy skin may be due to poor circulation," but only three underlined the wrong word where it was stated as a Single Choice. Twenty missed the statement, "Inflammation is congestion of blood in the tissues," but only two failed to supply the proper words in the completion sentence that "Inflammation is Nature's (*beneficial* and *purposeful*) reaction to (*injury*)."

This suggests that a combination of Completion, Matching, etc., should prove a better test of the student's knowledge of facts, while carefully formulated True-False statements test the student's ability to reason things out.

To make these examinations of most value to the student, the instructors should go over all of the questions at the same or the next class period, since students are not able to remember all of the statements and look them up for themselves.

To discover to what extent the student will of her own accord check up her mistakes was the motive for the following test. The students in Dietetics were given two tests, a week apart, and twenty-five of the questions of the first examination were incorporated verbatim into the second examination. There had been no discussion in class of the questions following the first test. Thirty-six out of the forty students missed one or more of the same questions which they had missed on the first examination. This shows how necessary it is for the instructor to go over the papers in the classroom in order to correct any wrong opinions held by the class.

The last part of the questionnaire was the request for a copy of a representative set of questions. In order that an examination may possess validity, or worthwhileness, there should be a considerable sampling of the material covered. If it is a final examination, no less than one hundred statements should be given. In the questions sent in, the number of statements varied from nine to sixty, with the average about thirty. These questions are evidently very unfair to the student if one entire subject, as Anatomy and Physiology, for example, is tested in thirty statements. It was also found that there were many statements which were not related to the subject in which the test was made. In one set of True-False statements, labelled Hospital Housekeeping, there were four statements on Nursing Principles, one on Nursing Ethics and seven on the specific subject. It would seem better not to combine two subjects in one examination, unless so stated, as the student is likely to correlate permanently the statements,

thus giving a wrong impression of the scope of the subject.

Besides the criterion of validity in examinations, there is another equally important one, that of reliability. By reliability is meant whether the examination really tests what it is intended to test. Are the statements so worded that the student must stop and think before placing her plus or zero, or are they so evidently true or false that no consideration is necessary? For example, "Fruit is valuable as a food in cases of diarrhoea," is unmistakably false, but if it were stated, "Since fruit is a body regulating food, it is valuable in diarrhoea," it would stimulate more profitable thinking. Another one, "The excreta of patients suffering from typhoid should be disinfected." A student can guess at this correctly, but do we know that the student can tell how the excreta should be disinfected, the strength of the solution, etc.? It might bring more response from the student if phrased as a single choice. "The excreta of patients suffering from typhoid should be disinfected by: (1) Cresol, Solution 2 per cent; (2) Carbolic Solution 1–40; (3) Chloride of Lime; (4) Bichloride of Mercury 1–1000." "Tetanus often follows a gunshot wound unless prophylactic treatment is given." Although answered correctly, it would not reveal whether the student knew what prophylactic treatment is indicated. In this case the knowledge might be tested better in a Completion sentence as, "Tetanus following a gunshot wound may be avoided by the use of (*Tetanus Antitoxin*)."

Another error to be avoided is that of ambiguity. A statement, "Patients should be encouraged to drink water," might be true or false, but would be false only if stated: "Patients suffering from anuria are encouraged to take water."

Some of the sets of questions had the statements arranged in groups according to subject matter. For instance, the phase of Materia Medica dealing with heart tonics was well handled in a series of six True-False statements by one instructor.

T. F. 1. Digalen M XXX may be administered subcutaneously as a heart tonic.

T. F. 2. The most important effect of Digitalis is due to the increased tone of the heart muscle.

T. F. 3. The most important symptoms of cumulative digitalis poisoning are a slow pulse, nausea and vomiting and diarrhoea.

T. F. 4. The most satisfactory preparation of the purple foxglove plant for hypodermic administration is the infusion of Digitalis.

T. F. 5. Some drugs other than Digitalis that also act as heart tonics are adrenalin, pituitrin and ergot.

T. F. 6. The most important side actions of digitalis are relief from edema and ascites, and improved kidney functioning.

These six statements test the student's knowledge of heart tonics in a well arranged series. Their degree of difficulty is well balanced with one easy one, which all of the students should be able to answer, one difficult one, which only the brighter ones can answer, and the rest of medium grade. To arrange a series such as this which will completely test each phase of a subject with the proper degree of difficulty is to be encouraged, for only in this way can every phase of a subject be sampled thoroughly.

The sets of questions in the Completion, Matching and Pertinent Answer types seemed on the whole much better than the True-False statements. But there was some difficulty in making the Completion sentences too easy, by leaving out too few blanks; or not understandable, by leaving out too many blanks.

The ideal is to leave blanks of the

"one answer" type (*e.g.*, where no other word or phrase can be used to complete a true statement). To facilitate scoring, the question should be so worded that the blanks are left at the right side of the page, for example

The enzymes of the succus entericus are:
(1).....
(2).....
(3).....

In summarizing the conclusions on the results of the New Type of questions as they are used in the nursing schools, it could be said that:

1. They are being fairly extensively used in many schools.
2. The instructors find that they are of decided advantage to them in their teaching program.
3. One type of questions cannot be used to the exclusion of other types, but the type should be selected which will lend itself well to the subject and get the desired response from the student, as True-False for reasoning; and Completion, Matching, etc., for memory of facts.
4. (a) The questions as used in the schools do not yet possess sufficient validity, in that they do not sample enough of the subject matter of the course.
   (b) There should be more serious thought given to the construction of the questions in order that they may possess greater reliability.
5. Taking into consideration the comparatively short time the schools have been using the New Type of questions, considerable headway has been made along these lines; but in view of the many possible advantages to both instructor and pupil, it is extremely important to give serious consideration to this problem, not only to promote the use, but to encourage a better use of this New Type of Examination questions.

Methods and Devices for Securing Student Participation in the Learning Process[1]

By Sarah G. White, R.N.

WHEN I was asked to write on the above topic, I was told that we always say, when discussing methods of teaching, "Secure more student activity, stimulate the students to seek knowledge for themselves, motivate students to apply classroom learning," and I was implored not to say such things again, but to show how we may do them. In trying to do this I feel as I do when I give a course in Chemistry in twenty hours! First, that I do not know my subject sufficiently; and second, that the subject is too big for the time given. Therefore, I am not going to consider such things as the attitude of the instructor, the physical situation of the class room, such as ventilation, the arrangement of chairs and proper lighting, helping the student to know how to study, certain classroom methods such as the technic of questioning and methods of making assignments, the laboratory, case studies, etc. All these are of primary importance, however, in securing the students' participation in the learning process and any one could well take our attention for the period of time allotted for this discussion.

The poster is a device frequently used to secure student activity as well as simply to get ideas over to them. Four persons are concerned with posters: The one who works out the plans for them; the one who does the

[1] Read at the Instructors' Section of the National League of Nursing Education, San Francisco, June, 1927.

mechanical part of making them, and these are usually the same person; the one who casually looks at them and, maybe, accepts their lesson; and the one who thoughtfully and carefully criticises them. It is needless to say that the one who plans and the one who criticises, get the most out of the posters. In most schools, students make posters with the idea of getting some definite information over to some special group. It may be a lesson on foods to a group of school children, or on the care of the teeth to a group of disinterested boys, or on the care of the new-born baby to a group of young prospective mothers. To a class which I visited last winter, the students brought posters they had made. I feel that they had learned a great deal in planning and making them, because they knew they were to be criticized by their sister students, and as they had met their criticism before, they knew their posters would have to be flawless if they stood the test. One poster, I remember, especially had to do with hygienic shoes. It was artistic, colorful, and showed several pairs of good looking shoes in one corner. Then there was a youngster romping at play with the shoes showing very clearly. There was a man in hiking clothes with the proper shoes, and a woman wearing a pair of comfortable-looking oxfords. She sat in a chair with knees crossed. No one criticised the shoes pictured, but one student who had just read an article in a recent journal by a doctor on "the care of the feet," in which he said that the knees should not be crossed as it hindered the circulation of the blood and thereby affected the feet, immediately spoke up and asked, "Why, when educating the public to the proper shoes to wear, do you give them wrong ideas about posture?" No doubt this point concerning good sitting posture has been brought out before by the instructor, as they had previously discussed posture in general, but I am sure it "got over" to the entire group this time. Other posters were studied and discussed and suggestions made for clearer picturization. I believe that these students were stimulated to seek knowledge in order to plan their posters and gained knowledge from the class discussion. In using the posters, let's make sure that poster-making is not an aimless activity, as I believe it is so many times in our schools. Also, if a poster is a copy of one produced by another, or an enlarged diagram copied, teach the student to mark on the poster "Copied" and indicate where from, otherwise we are teaching them to plagiarize.

The play is another method of securing student participation in the learning process and is one which I used with a History of Nursing class. This group of fifty participated in giving "Florence Nightingale," a play in three acts written by Edith Gittings Reid. Only about thirty actually took part in the play. The others had such duties as planning costumes, stage settings, etc. This meant a great deal of study. For instance, what type of furniture was used during the nineteenth century in homes such as Miss Nightingale's? What were the uniforms of various officers and privates of the English army at that time? What kind of clothes did the civilians, men and women, wear? The "Sairy Gamp" type of nurse had to be studied, because several of her type were shown in the play. Most all the group became so interested that they wanted to know where the Crimean War was fought and what it was all about. You may say this is not all nursing history, but must

we not know the general trend of a period in order to appreciate any special development? The giving of this play gave the entire class group, as well as other nurses and visitors, a better understanding and a greater appreciation for the work of Miss Nightingale than they could possibly have had, had they not undertaken the tremendous task It caused them to be sufficiently interested to follow further her many lines of work and her influence in other countries.

The pageant based on the History of Nursing is a device similar to the play. There are always apt students in the class who can draw up an outline of the pageant which would sketch the general plan, other committees could write the various parts, others design the costumes; then the cast should be selected. Distributing the duties in this way, quite a large class could be given a part. Such activities as the play and the pageant train pupils in team work and develop executive ability and leadership, as well as stimulating interest and acquainting them with facts.

Opportunity to do some teaching is another method to stimulate the students to seek knowledge and to apply it. They may give a demonstration of the infant's bath to a young mother before leaving the hospital or to a group of expectant mothers in the prenatal clinic, or they may present a phase of some subject to other members of their class. Acting as assistant to the instructor, for a period of several weeks, the senior student learns more, it sometimes seems, than she did during the entire first years of her course. Teaching certainly motivates one to further study and mastery of a subject. How many of us thought that we could never learn to "do" mathematical problems, but didn't we learn when we realized we were teaching drugs and solutions to a group of young students? Care must be taken in using this method, as well as with others. Lesson plans should be carefully prepared by the student doing such teaching and discussed with the instructor. Careless demonstrations should never be allowed.

The compiling of bibliographies was used by a director of a school of nursing with a group of senior students studying "Professional Problems" and "Opportunities in the Field of Nursing." She made out a list of topics from which the students could choose, including such subjects as: The History of University Schools, Ethical Problems, History of Nursing, Teaching in Schools of Nursing, etc. The students selected their topics, then made out the bibliography, adding a few pertinent statements about each article listed and telling where it could be found. Almost the complete files of the *American Journal of Nursing*, the *Pacific Coast Journal of Nursing*, the *Modern Hospital*, the *Public Health Nurse* and many books and other magazines were available for their use. This activity probably did more to help the student to know how to find material than it did to give her the facts about her subject. A bibliography like this is very valuable for future use in the library and if made with this in mind, the students will probably be more interested and careful in the selection of articles.

With a group of graduate nurses in a course in Methods of Teaching in Schools of Nursing, when discussing ethics I had them select from the files of the nursing journals articles that could be used in teaching ethics. After the lists made out were pooled, each student selected one or two articles to read and study more carefully and on which to report to the

entire group for discussion at a later period. This method proved most helpful and interesting. The class discussions were lively. Some of the articles they decided would be most helpful to the instructor, others could be used as reference readings for the students and for class discussion, others were ruled out entirely as having no bearing on nursing ethics.

Field trips or excursions, when teaching Hygiene and Bacteriology, may be conducted to the sources of food and water supply, markets, grocery stores, factories, bakeries, dairies, etc. These excursions will give a chance for first-hand experiences which are more vivid and definite than any verbal description could be. The more experience that the students can have with real situations, the better the understanding and the keener their appreciation and the more ready they are to take part in further study. Too large a group should not be taken on a trip. Divide the class into sections and let one go to one place, one another, and so on, and each group bring back reports to the others. These reports are needed to make it more than a pleasure or sight-seeing trip.

In certain courses summaries at the end of a class period of what has been covered are of value for emphasising and fixing what is important. Students take turns in doing this, other members of the class checking up on what they say. I believe this criticism by the students is good. It stimulates and develops in them the spirit of "give and take"; also causes them to pay closer attention to the class discussion.

In teaching Materia Medica, instead of taking a number of pages in "Blumgarten's," why not consider the drugs which are important to the student at that time because of their extensive use in the hospital, and assign certain ones to a group of students to look up and report upon in class? The demonstration card, which is often used, arouses their interest. Let the students go to the druggist if they cannot get information elsewhere, and they cannot, with many new drugs. Let them talk with the prescription clerk, get samples of the crude drug and of the various preparations; get a picture of the plant or tree from which obtained; paste or fasten these on a piece of cardboard along with a map showing in what part of the world these are obtained. Add other important information which all should know, such as the dosage of various preparations, conditions in which used, therapeutic action, etc. Carry this study on to the wards to the patients who are getting the drugs. The wholesale drug companies are usually glad to send samples of drugs for such purposes. One group of students in the class might make such an extensive study of serums and vaccines; another, such preparations as are made from the organs of animals; another, of the coal tar preparations; another, of diuretics, and so on.

In conclusion, after this brief discussion of a few of the methods and devices which may be and are being used to secure student participation in the learning process, I would like to call your attention to certain points for emphasis:

First. That there are many methods and devices, both elaborate and simple, which may be used in the classroom to secure student participation in the learning process by stimulating them to seek knowledge for themselves; by training them to judge material and information presented to them; by helping them to make use of the knowledge gained in the classroom; by giving them first-hand experience and by repetition.

Second. The device or method used should be selected with a definite aim in mind. It

should be workable, the materials needed should be available, and there should be ample time for execution.

Third. Such activities call for an ingenious and alert instructor and she must have time to plan out each project, for even though the students are expected to work out their own she must be ready to help them when they come to her for it. Student participation always means more work for the instructor.

Factors Influencing the Supply and Tenure of Instructors in Nursing Schools[1]

By Grace Watson, R.N.

THE employment of a full-time instructor for schools of nursing marks one of the recent developments in nursing education. Since this branch of service was first started, the demand for instructors has steadily increased, the schools requiring more and more qualified nurses for this work. Our attention is therefore naturally directed toward this newer field whose boundless opportunities and satisfactions are too well known by those who have worked in the field to require further emphasis. It is the aim of this paper to present some of the factors influencing the supply and tenure of instructors in nursing schools as brought out by the study of a small number of schools.

There seems to be a shortage of instructors and a relatively large turnover. In order to ascertain facts concerning the problem, an inquiry covering a period of the last five years was made of the superintendents of nurses in a limited number of representative schools. University schools were not included, because their type of organization differs from other nursing schools. There are many part-time instructors and lecturers in all schools, but we are considering only the instructor who has a full-time position on the staff of a nursing school and whose main duty is to teach student nurses.

An average of four instructors to a school are employed. One school employs a visiting instructor who teaches from seven to nine hours weekly. There has been an average increase of one instructor per year in each school during the five-year period.

There appeared to be a little more difficulty in securing instructors for teaching the sciences than other subjects. Altogether there seemed to be little difficulty in filling vacancies. This is probably not characteristic of the general field, because six out of seven of the schools are centrally located and most favorable teaching facilities obtained.

The median tenure of service for this group of instructors was two years and four months. Four had married, not any of the others had given up nursing work; 14.2 per cent had served three years in the same school. None had held their positions five years.

The tenure of service is probably higher than it would be in nursing schools at large, because each has a more desirable location, from the standpoint of educational advantages,

[1] Read at the annual meeting of the National League of Nursing Education, San Francisco, June, 1927.

than the average. There is also evidence that the tenure of service, as stated, is longer than it was during similar periods in these same schools. Compared with high school teacher tenure, in two states, Wisconsin and Louisiana, for which recent data are available, the tenure is shorter. Twenty-three per cent of the Wisconsin teachers have served three years in the same community; in Louisiana, 22 per cent. The figures for five years' tenure are 16.3 per cent for Wisconsin, and 13.8 per cent for Louisiana. Thirteen out of the twenty-eight instructors changed to other fields, ten of these went into administrative work, two to private nursing, and one to the position of state inspector of nursing schools. Four changed positions because they wished to go to a new location, and two others were definitely engaged for limited periods—one and two years respectively.

The superintendents of nurses seemed to feel that as a result of the changes in instructors' positions the curriculum was less efficiently carried on, that there was a tendency to lessen the interest of students and to lessen their morale in relation to their work in general, and that administrative complications also resulted. One superintendent reported unsatisfactory work on the part of the instructors.

A minimum of from two to five years was considered the length of tenure necessary for an instructor to reach her maximum efficiency. Several considered three years necessary, and an indefinite period was suggested, provided the instructors were growing in the meantime.

A lack of proper preparation and inability to secure further necessary professional academic work was thought to be a condition under which it was considered advisable for instructors to change from one teaching position to another, or to enter other fields of nursing service. Other reasons given included the offer of positions which afforded better teaching facilities, less monotony, fewer subjects to be taught, and professional advancement. The more personal matters of increased salary, unhappiness, dissatisfaction and failure, were also mentioned.

It was brought out that while it was regrettable that instructors should leave the field after having had preparation, teaching is, itself, a preparation for many other fields. In many instances, the work of supervisors and administrators is greatly aided by previous teaching experience. Out of this group, six instructors had changed to other teaching positions, and seven entered other fields of nursing service. These all had had special preparation for teaching, and eight had had five years or more experience as instructors. An average of less than one graduate from each school, per year, entered the teaching field.

All the schools had taken special measures to attract and keep instructors. The majority had increased salaries, the number of subjects taught by one instructor had been lessened, teaching facilities had been improved and scholarships provided.

The following factors were suggested as being responsible for the scarcity of instructors and the relatively short tenure of service:

Opportunities in other fields of nursing which afford equal salaries without requiring special preparation.

A lack of interest in teaching among nurses in general.

The degree of preparation required prevents greater numbers from taking up the work.

Inadequate salaries, overload of teaching subjects, and too many duties outside of teaching.

One significant suggestion was the inadequate preparation of instructors—"any graduate nurse thinking she could teach," had resulted in the loss of prestige of her work.

Constructive measures suggested for securing a better supply of instructors and a longer tenure of service were:

More time for adequate preparation for classes.

A better balance of salary between those who have had preparation, and those who have not.

Better living conditions and more opportunities for social life for instructors within the nurses' home.

Less isolation of the instructor.

Giving instructors a place on the faculty.

Grant scholarships for teaching preparation outright, not as loans.

Appreciation of the instructors' work on the part of the principal of the school of nursing.

Appreciation on the part of the instructor of the worthwhileness of her own work.

Three of these suggestions seem to have special bearing on this problem; namely, teaching overload, preparation and status.

With instructors in nursing schools, the overload has included in many instances not only an excessive number of hours, but also a large number of varied and only slightly related subjects. The program is heavy as compared with that of teachers in general education; for example, the program of teachers in Louisiana high schools shows an average of 35.1 per cent teaching a single subject, 39.6 per cent teaching two subjects, 24.6 per cent for three, 5.7 per cent for four, and 4.7 per cent for five subjects. The teaching load varies with the training and ability of the instructor and the subject taught. College associations recommend 15 to 16 hours weekly, and 32 additional hours devoted to activities related to teaching, such as study, research, or writing.

Concerning the professional preparation of instructors, a recent report of the New York State Board of Nurse Examiners, gives the following figures concerning the educational qualifications of 125 full-time instructors in the registered nurse schools in New York State:

22% hold college degrees.
25% are high school graduates only.
17% have had one-third year college work.
11% normal school.
7% no tangible credentials.
14% high school graduates and summer session work in college.
1% had two-thirds year high school.

The Louisiana State Report of 1926 gives 82.2 per cent high school teachers holding at least a Bachelor's degree.

Concerning the question of status, we need to establish higher educational standards for instructors in order that they may be equally prepared with instructors in academic and collegiate institutions anywhere. The status of the instructor cannot be considered apart from the status of education in our schools. It is, in reality, determined by the status of the school itself, in relation to educational institutions, and it will be improved when the status of nursing, as a whole, is raised.

The question of teacher supply and tenure is one phase of the larger problem of nursing education. The struggle of nursing towards its development into a profession is not peculiar to itself. Other professions have made similar struggles and have encountered the same educational problems.

Schools of nursing present complex situations. Many interests are represented by the various groups within them, each of which call for study and evaluation in relation to the whole profession.

The suggestion of appreciation as a

means of securing more instructors and a longer tenure of their service, is constructive and timely. Appreciation, Dr. Dewey tells us, involves knowledge and emotion interpenetrating understanding. Appreciation fixes standards more than anything else. It tends to be a real standard of reference from which to judge other values. Through appreciation of one another's standards of values, our united efforts can make the educational factors in our institutions increasingly predominating, so that in time, the ideal of a profession for nursing may become a reality.

Our Contributors

We are fortunate indeed in securing another pair of articles (Typhoid) from **Joseph C. Doane, M.D.**, and **Stella Goostray, B.S., R.N.**, for Miss Goostray has resigned the position in which she wrought so splendidly at the Philadelphia General to become Directress of Nurses at the Boston Children's Hospital.

Ann Doyle, B.S., R.N., is known everywhere for her brilliant pioneer work in venereal disease control. She put the same determination to "find the facts" into the research on which the paper, "The Journal, the Index and the Private Duty Nurse," is based —a paper which we believe will help nurses everywhere to make good use of our increasing wealth of professional literature.

Agnes D. Randolph, R.N., who is Director of the Bureau of Tuberculosis Education of the Virginia Bureau of Health, has an intimate and almost encyclopedic knowledge of her state.

Gladys Sellew, M.A., R.N., is responsible for the careful working out of the nursing procedures at the Babies' and Children's Hospital in Cleveland, of which that for Exudative Diathesis is an example. She has been singularly successful in securing student participation in this type of work.

Henrietta Adams, B.S., R.N., one of the first graduates of the five-year course for nurses at the University of Washington, is one of the promising young women whom instructors watch in hopeful anticipation. She is now Educational Director of Nursing at the General Hospital of Everett, Washington.

Lelia I. Given, B.S., R.N., is an instructor in the Western Reserve School of Nursing, Cleveland, Ohio.

The registrar who really knows her nurses, and good registrars do, is apt to be the depository of many a thrilling private duty story. The editors are grateful to those who pass them on.

Leon F. Whitney, Field Secretary of the American Eugenics Society, very promptly and generously responded, with an authoritative article, to our request for a statement on the legal sterilization.

Amalia L. Metzker, R.N., is an ingenious instructor in nursing at the Strong Memorial Hospital (University of Rochester School of Nursing), Rochester, N. Y.

It would be difficult to evaluate the influence of a coöperative spirit, such as that of **Anna L. MacPherson, R.N.**, in advancing the educational programs of state hospitals.

It is hardly necessary to state that **Ruth E. Rives, R.N.**, is an alumna of the Philadelphia General Hospital School of Nursing and a direct inheritor of the beautiful traditions of "Old Blockley."

Professor Clemens Pirquet, whose paper was read at the Interim Conference at Geneva, Switzerland, is associated with the Children's Clinic, Vienna, Austria.

The papers presented in the Department of Nursing Education were all read at the National League of Nursing Education convention in San Francisco. **Ethel Bacon, M.A., R.N.**, is a member of the faculty of the Bellevue School of Nursing; **Sarah G. White, R.N.**, is associated with Miss Jammé in the Bureau of Nurse Registration, California; and **Grace Watson, R.N.**, who has held a number of important positions, has been a student at Teachers College, Columbia University, New York City, the past year. Miss Watson has recently become teacher in the School of Nursing of the Jersey City Hospital, New Jersey.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Delano Red Cross Nursing Service

THE Delano Red Cross Nursing Service, established under the terms of the will of Jane A. Delano, as a memorial to her father and mother, has until recently conducted four services. The nurses who are chosen for this service must not only be enrolled in the Red Cross Nursing Service, but possess additional experience and training in teaching and public health nursing. Furthermore, they must possess the missionary and pioneer spirit, otherwise they would not be able to accommodate themselves to the primitive conditions under which they live, and the isolation and hardship which they are likely to encounter.

At present but two services are in operation. Edith M. Spiers, after four years of most devoted service, rendered to the inhabitants on the islands off the coast of Maine, felt that she must resign. The vacancy has not as yet been filled. The desirability of continuing this service is now under consideration. M. Emily Thornhill, who had rendered devoted service to the people in the vicinity of Grundy, Buchanan County, Virginia, for several years, has also resigned. She will resume work under the auspices of the American Red Cross in Fauquier County, Virginia. The responsibility for the financial support of the Grundy service was assumed January 1, 1927, by the Red Cross Chapter, in coöperation with state and local agencies. It is expected that the service will be continued under these auspices.

Two services still remain—that of Margaret Harry at Highlands, North Carolina, and of Janet Worden, originally established in Oregon. Last year, however, she devoted practically all of her time to Douglas County, Washington. Plans have finally been completed to extend this service to Nogales, Arizona, thus placing this service on an itinerant basis.

Applications for Delano Red Cross Nurses have been received from a few particularly needy communities which are now under consideration. It is hoped that at least one of these requests may be granted. The funds which had accumulated during the war are diminishing and the committee will shortly be restricted in the establishment of such services to the income from the fund.

An interesting form of assistance to the Delano Service has been rendered by the Wellesley College Auxiliary of the Red Cross Chapter. This auxiliary has each year made a generous contribution to the service. The money has been used for those who needed correction, surgical attention, etc., which they, themselves, could not provide.

The Delano Service is directed by a committee at National Headquarters, composed of the following national officials: Clara D. Noyes, chairman, Elizabeth G. Fox, secretary, I. Malinde Havey, Mrs. Isabelle W. Baker and Ida F. Butler.

Nurses' Convalescent House

THE delights, as well as the practical usefulness of the Nurses' Convalescent House at Babylon, Long Island, has been brought to our attention several times during the month. Several Red Cross nurses,

one of whom was a Delano Memorial nurse, have taken advantage of its facilities for a well-earned rest, one of whom writes as follows:

> There are no words in my vocabulary to describe the loveliness of the Nurses' House and all that it means to me.
>
> I am, indeed, thankful to you for permitting me to spend part of my forced vacation there.

The House at Babylon not only furnishes the cultural atmosphere of a delightful home, but because of its unusual location in extensive grounds and its immediate accessibility to the sea makes a delightful place where nurses may find a real rest.

Red Cross Nurses in Foreign Lands

A NEW poster has just been developed under the auspices of the American Red Cross Museum Service, showing the American Red Cross nurse in many lands. It consists of three panels, the center showing a map of the world, with the wide distribution of Red Cross nurses either in connection with the American Red Cross or independently, while the side panels show interesting pictures of the educational work that has been done by members of the service in such countries as Poland, Czechoslovakia, Bulgaria, Turkey, Armenia, Greece, etc.

This poster will be found exceedingly useful for Red Cross state and local committees, in connection with state meetings or local rallies, for the purpose of interesting nurses in enrollment.

It is not for distribution, but will be loaned upon request either from National Headquarters or the Branch Offices in San Francisco and St. Louis. The committees in the territories indicated will be able to secure it upon request.

Letters from Nurses in Foreign Countries

THE mail of the national director of the Red Cross Nursing Service is an exceedingly interesting one. It contains letters from Red Cross nurses in all sorts of activities in the United States on many subjects, also from nurses from all parts of the world which add touches of local color and relieves the tedium of constant letter reading and letter writing, because of the peculiar interest which each holds. For example, a large poster, written in letters which are practically unintelligible, but which upon investigation are found to be Bulgarian, announces that a course of lectures, beginning on May 3, will be given on various nursing subjects by Hazel Goff, the American director of the School of Nursing at Sofia. The closing lines state that Miss Goff will speak in Bulgarian. The ability to give a course of lectures in a language so difficult as Bulgarian, after two years' residence in that country, is a testimonial to the industry and determination of the American director. Copies of some of these lectures, in both Bulgarian and English (fortunately for the national director) have reached National Headquarters, all of which are most practical and suitable for a race just beginning to think in terms of community health and welfare.

The next letter is from a young Filipino nurse who writes of her work in that far-away country and who tells of riding to the isolated districts through swamps and unbroken country, not upon a train or on horseback, or in the conveyance now typical of the public health nurse in America, a "flivver," but upon the back of a water buffalo. Photographs show these nurses, neatly dressed in the gray uniform with the Red Cross

cap, white collars and cuffs, calmly sitting upon the back of the buffalo, with a single rope rein which is twisted around the horns and through a ring in the nose, in one hand, and a riding stick in the other. The buffalo moves slowly, it is true, but like the "flivver" it gets you there and brings you back.

Theda Phelps who has worked for many years at Ghazi, Aintab, Turkey, writes of her day's work in that far away country as follows:

As soon as the patients have had their breakfast and are made a little comfortable for the day, the nurses assemble for morning prayers. Just now they are studying Fosdick's "Meaning of Faith." Following out the orders of the government, prayers are only attended by Christian workers. We hope that they may learn to be real "living epistles, read of all." The doctors (Dr. Caroline Hamilton and Dr. Piper) arrive to make their morning calls by this time, dressings are attended to and instructions given for the care of the patients for the day. Is it all so simple as that? The hall is suddenly filled with a curious sound—a shamatta, we say in Turkish—visitors have arrived from a village, bringing a whole troup of friends and acquaintances who have never thought of visiting the patient while he was ill and in need in his home, but "has he not been brought to the hospital? It would be a disgrace if we did not come to see him." A frantic mother has seen an injection of anti-tetanus serum given to her boy. She screams that under no conditions whatsoever will she allow her boy to stay in the hospital another moment. Finally, after appealing to the Minister of Public Health, telling him that she is not allowed to take her own child out of the hospital and being told by him that she should be very, very grateful that the American doctor was willing to treat her child free for the serious disease, and by all means to leave him in the hospital, she quiets down and we can turn our attention to someone else. A young man is having his leg dressed. He has shot himself through the leg, just above the knee. He said, "I am an only son, my father has never let me go far from him. Don't let the doctor use that probe, I could not stand it." "Aren't you a 'kahriman genj' (lion-hearted youth)?" I ask. Amid tears and laughter, a very simple dressing is accomplished for this 20-year old spoiled son of a Kurdish villager.

This paragraph is only one of many others, contained in letters from other countries, of an equally interesting character, all of which tell a story not only of the work that is being done in these far lands but, if one also reads carefully, catching now and then glimpses of the existing political situation. Under these conditions Miss Phelps has worked for many years, and in spite of all the restrictions, the limitations and the obstacles, she is doing a good piece of work.

A letter from Helen Porter, Syra, Greece, tells the story of her daily work. She is teaching the young girls from the Near East Relief orphanages, classes in Home Hygiene and Care of the Sick. These young women work in the hospital which is supported by the Near East Relief on the island. Miss Porter tells of the many quaint customs giving a bit of the historical and mythological background of the "Cyclades Islands" of which Syra is the capital, in a most interesting fashion. She states that Syra is the wealthiest island of the group, and for many years was the largest Grecian port, being on the direct route of steamers passing between the Mediterranean and the Dardanelles. The following description of a ceremony which takes place on Tenos, twice a year, gives an idea of the customs as well as the religious fervor of the people who live there:

Tenos, the island directly opposite here, is perhaps the best known of the islands to all Greeks. Twice a year, March 25 and August 15, the people flock to this island in thousands. It partakes the nature of a pilgrimage, for the church there is dedicated to the Virgin, is reputed above all others for its power of healing. So the sick, blind and the halt go to the churchyard, and the Eikon of the Panagia is carried through and over the dense crowd to the sea and back, and whoever are

lucky enough to have the Eikon pass over them are healed. A visit to the island on these dates gives a marvelous opportunity to see the costumes which differentiate the people of the various islands and sections of the mainland.

Enrollments Annulled

THE enrollment of the following American Red Cross nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Mrs. F. W. Brown, *née* Mrs. Cecelia M. Voigts; Mrs. George K. Dale, *née* Margaret Elisabeth Gourley; Alphonsine Forde; Mrs. Katherine Kelly Fox; Mrs. Richard G. Grant, *née* Mary Angeline Flint; Mrs. Caroline M. Seemes; Marion D. Simpson; Mrs. A. N. Sispela, *née* Kathryn Helen Liddell; Mrs. Millard F Smith, *née* Anna M. Schults; Mrs. Rebecca M. Stephan, *née* Rebecca May Faust; Marie Hermine Stuckman; Mrs. Jeanne Van Gundy; Mary Amanda Wells; Mrs. Raymond J. Young, *née* Mrs. Anna Elma Nutt.

Puerperal Infection

PUERPERAL sepsis is no longer properly called puerperal fever, or childbed fever. Those terms emphasise the febrile feature and indicate that infection during the puerperal period is a distinct clinical entity—which it is not.

Puerperal infection is a better term. It stresses the infectious nature of the condition which is nothing less than an infection with definite characteristics and a definite anatomic distribution.

Fever during the puerperal period spells puerperal infection, unless proven to the contrary.

Active treatment means watchful waiting—intelligent expectant treatment. The medical profession is deeply concerned in the prevention of puerperal infection and has the three most important factors in its own hands.

First—Shave or clip the patient. Every physician was taught never to conduct a delivery through a vulva that was not shaved or clipped. Carry a safety razor. It is much more readily used than any other razor.

Second—Clean hands. A delivery must be conducted aseptically. Surgically clean hands require short finger nails. Hands and nails cannot be cleaned properly without a brush. Don't expect to find one at a patient's home. Carry a nail brush.

Third—Rubber gloves. Carry three of them in the obstetric bag. They are inexpensive. They need not be sterilised until ready for use. Boil two of them at the time of delivery. The third one is reserved for rectal examination; properly marked (by cutting off the top), the rectal glove is identifiable and is used for no other purpose.

A great diminution in puerperal morbidity and mortality rates would occur if these three factors of tremendous importance in the prevention of pelvic infection were thoroughly recognised and if every physician used the razor, the nail brush and the rubber glove.

Borax in the Sterilizer

By Thos. C. Thompson, M.D.

A LEVEL teaspoonful to two quarts of water in the steriliser is far superior to soda, as commonly used to deter rust. While soda will convert fat and grease present into a soapy film, the borax in the water will furnish a better film for protection at all times.

Instruments are very often polished too hard, opening the pores of the steel to atmospheric moisture, the main cause of rust. After cleaning the instruments for the day, any brown rust which may have started can be removed by a quick application of a few drops of "Kilrust," especially a fraction of a drop in the joints of the instruments, which simply eats all the rust out of the joint.

In our hospital it has been found that it is a great further protection to rinse the instruments, finally, in a warm, very dilute Cresol or Lysol solution (a teaspoonful to two quarts of water), before drying them.

Stars and Chimneys

By Violet Phyllis Andrews

University of California School of Nursing, San Francisco, California

MAE ran up to her room in the nurses' home, half sighed and half laughed, "Oh, nurse!" and settled down to think. She had almost completed her "hectic" preparatory period and several problems puzzled her: First, was she a nurse now? or would she be one only after she had graduated? Second, why should she learn to do a thing in class and then be told to do it differently on the wards? And third, did she really want to be, and why did she want to be, a nurse after all?

At first Mae had found it hard to realize that she was a student nurse, although her patients regarded her as a nurse already. "I should think they could see that I'm not a real nurse," she thought, "why, I know hardly anything." Further delving into the regions of thought, revealed that a new student was a factor in the school as soon as she had accepted the customs of her institution and gave her services in order to help others. To the patient she was a nurse, yes, but always learning how to be a better one. She also realized that nursing is work that is hard, but enjoyable because of this. Even while learning by means of classes, the accompanying practical work on the wards was always a test of the fitness of the girls for the sort of profession they had chosen.

Upon reaching this conclusion, Mae began to think back upon what made her feel that she was going to make a nurse. The main point to be considered here was the ward work. Of course, learning in classes was essential but it was just the thing Mae had been doing since she was six years old, and she had acquired the faculty of learning her lessons, remembering them perfectly until examinations were over, and then forgetting them as "perfectly" afterwards. It was a waste of time, to be sure, but she had never thought of going out and measuring a tree by its shadow after she had figured out the method in geometry, nor did she bother to apply any of her sciences. Not even physiology appealed to her as other than "something good to know." The lymph and blood streams circulated, naturally, but so did everything else, after a fashion.

Now, classes were different. Mae studied about medicines, even measured them in class; and then, when she gave "medicines and treatments" on the wards, she knew just what she was doing. She thought of her patient, and of the effect of the drug she was administering. When it came to nursing procedures and massage, the blood stream meant something. She knew the effects of heat and cold and similar principles underlying all the treatments. The same pertained to the rest of her classes. They seemed more important and more useful than any she had attended before. She remembered things, for she used her information every day and found that "I don't know" was inexcusable. One just had to know!

There were other things that gave one that "nurse feeling." Mae's supervisors, teachers, and patients helped her. The teacher took it for granted that her students possessed a little more than average intelligence and "crammed" them full of learning, but they stressed the practical side, nevertheless.

The supervisors were also teachers, but their greatest aid came in directing Mae's work so that she might apply what she had learned. This gave experience which increased her own and her patients' confidence in her. She was very fond of her patients but often found trouble in making them take her seriously. However, their faith in her grew, once she had demonstrated to them that she could apply stupes, give enemas, make beds, etc., in the proper manner. This gave joy to her work and made her feel she had earned the title, "Oh, nurse!"

That point settled, Mae turned her attention to the second problem. After a class in Nursing Procedures, she wondered at the efficiency of the methods and at the perfection of the completed work; it seemed that there must be only one way in which to do a thing correctly, yet on the wards she met nurses who had discovered other, apparently efficient methods. She confided this observation to her teacher who explained that it would be better to carry out procedures as taught until she was thoroughly familiar with them and that she must not allow herself to become a careless student. So she resolved if ever she found a "better way" she would wait until she had acquired experience before trying to institute a new method.

Mae's last discussion with herself was concerned with the decision on continuing her course. Only a few weeks remained before "capping" and it was time to decide. Nursing was the work in which she had planned all her life to become proficient. She recalled the things she liked to do and balanced them with those she disliked. What were enemas, bedpans, irrigations, baths, and beds, compared to the appreciation of her patients? What was the hot, tiresome kitchen, compared to the cool breezes coming from Forest Hill? What did all the disagreeable things matter, when one had the joy of doing something worth while and imperative? When she went to bed that night, and looked through her window and up to the stars, her vision was partially blocked by two tall chimneys on the house next door. "That's just the way with nursing," she thought, "some of it is disagreeable and ugly like the two chimneys, but most of it is beautiful, like those myriads of stars," and she knew she would like, more than anything else, to continue her nursing career.

The Interim Conference of the International Council of Nurses

A THICK packet of material sent from Switzerland by Miss Clayton, president of the American Nurses' Association, brings our earliest information about the delightful interim conference of the International Council of Nurses which was held in Geneva, Switzerland, in July. For a delightful one it was, though many scattered nurses, members of that International body, must have wondered why an interim conference was needed and whether it would be well attended.

All will be surprised, we believe, to learn that there were 784 nurses in attendance, representing 34 countries, the largest number of countries which have as yet participated in one of our International meetings.

The exact count is shown by this table:

Albania	1	Italy	18
Australia	2	Java	1
Austria	32	Jugo-Slavia	1
Belgium	22	Latvia	1
Bulgaria	3	Luxembourg	1
Canada	5	New Zealand	3
China	4	Norway	12
Czechoslovakia	1	Paraguay	1
Denmark	9	Poland	15
England	164	Roumania	2
Finland	9	Scotland	15
France	198	South Africa	2
Germany	42	Spain	4
Greece	2	Sweden	10
Holland	10	Switzerland	159
Hungary	2	Turkey	3
Irish Free State	9	United States	20

Fifteen of the nineteen affiliated national organizations were represented by delegates and of the five principal officers, four were present.

The local committees were most interested and made every arrangement for the comfort of their visitors. They would have entertained to a far greater extent, had they been permitted to do so. Not only nurses but lay persons shared in the gracious welcome given. Officials of the city of Geneva and of the Red Cross, voiced the hospitality of Geneva to its guests. This recognition of the nursing profession by men and women of prominence could not but raise the estimation in which nursing is held in the country and in the city of the Conference.

At the opening evening meeting of that first day, Wednesday, July 27, the speakers were: M. Turtettini, representing the Canton of Geneva; M. Jean Uhler, representing the city of Geneva; Dame Rachel Crowdy, representing the League of Nations; Martha Mundt, representing the International Labor Office; Maynard Carter, representing the League of Red Cross Societies; Dr. Renee Girod, representing the alliance of Swiss hospitals; M. Gustave Ador, president of the Committee of the International Red Cross; Nina D. Gage, president of the International Council of Nurses, and Clara D. Noyes whose address is described as "excellent, fearless, needed by all countries."

On Thursday morning, the general topic was "Advantages and Disadvantages of Standardising Nursing Technic" with an opening paper by Mrs. Bedford Fenwick of England, the honored founder of the International Council. She was followed by Nina D. Gage of China; Percy S. Brown, on "A Few Facts about Scientific Management in Industry," an excellent paper; Hedwig Birkner of Vienna, on "Application of the Taylor System in the Nursing Service of the Children's Hospital, University of Vienna," with graphs for illustration; S. Lillian Clayton, on "Research

in Connection with the Standardization of Nursing Technic"; Elisabeth L. Smellie, Canada, "Standardization from the Point of View of the Public Health Nurse."

The discussion was conducted by Marguerite Oelker of France, Helen L. Pearse of England and Hasel Goff, Bulgaria. All emphasised the importance of keeping the spirit of service. Mr. Brown suggested the use of the phrase "simplification of technic" rather than "standardization."

The afternoon was devoted to a demonstration of nursing procedures which was very good and showed a fine spirit.

Friday morning was occupied by round tables. Some of the subjects discussed were:

1. "Methods of Supervision and Record-keeping in Schools of Nursing." The English Sisters gave an outline of their system which aroused questions and discussion. Denmark, Germany, Italy, Belgium, Holland, Finland, Sweden, Canada and the United States were all heard from. A point of difficulty was how a supervisor could go into the ward without arousing resentment from the Sister in Charge. It is evident that there is a need for simpler records but the discussion showed open-mindedness though our Bell System, Yale System, etc., seemed appalling to our foreign colleagues. The fact was emphasized that no matter how simple a record is, it must be complete and accurate.

2. "Supervision and Record-keeping in Public Health Organisations."

3. "Newer Developments in Private Duty Nursing." There was much discussion of hours, the working day in a European country being much longer than ours. There is the same problem everywhere as to seasonal employment and salaries are inadequate to provide for illness or old age. Miss Francis reported the progress in hourly nursing and group nursing in the United States. A resolution was adopted recommending that Directories should be managed by professional people eliminating commercial and lay management.

4. "Principles and Adaptations in Pioneer Nursing." What is to be done in a school of nursing where the equipment and opportunities for teaching are limited? The consensus of opinion was that: (a) In such a case the general instruction of the nurse should be on broad lines, thus preparing her to develop other experiences independently. (b) Although sufficient equipment for practical teaching might be lacking, schools should endeavor, in teaching this branch, to develop standard procedures which approach as nearly as possible the ideal. Further it was considered that the problem of adjustments to be made by a nurse taught by an ideal method in face of lack of equipment in the hospital wards, could be met by well prepared hospital instructors. The following resolution was accepted for presentation to the Board of Directors: "That the International Council of Nurses consider the possibility of preparing a textbook on Practical Nursing for use in a country or group of countries where the development of nursing is in a pioneer stage and where no such textbook exists."

5. "Ways and Means of Promoting Professional Efficiency and Personal Development of Trained Nurses Working on Staffs of Hospitals and Public Health Organisations."

6. "The Nursing Profession in Relation to Mental Hygiene." A recommendation from this round table, "that a standing committee on this subject be appointed" was accepted

by the Board of Directors, but the method of appointing such a committee requires the sending of names by each country before its final appointment in 1929.

The afternoon session was occupied with very good addresses on the League of Nations by Dame Rachel Crowdy and Dr. F. G. Bondreau. This was followed by a visit to the Palace of the League.

For the evening session, at which the presiding officer was Flora Madeline Shaw of Canada, the general topic was "Ways and Means of Promoting the Power of Observation and Scientific Reasoning in Our Student Nurses" and the speakers were: Dr. Clemens Pirquet, Marion Durell, Gertrude Hodgman, Dr. W. Weisbach, and Mary K. Nelson. There was no time for discussion of these excellent addresses.

Saturday morning was spent at the International Labor Office. The afternoon was given to a trip on the Lake of Geneva. The final session came in the evening, Mlle. Chaptal of France, presiding. The subject was "Uniforms and Equipment for Nurses," opened by a paper written by Major Julia C. Stimson. Then followed a very interesting demonstration when many nurses from different countries marched from one entrance to the platform, across the platform, down the opposite side of the hall and out by another door. All types of uniforms were represented, public health, hospital, probationers, etc. A discussion followed in which such questions arose as we hear at home: Should a uniform be worn at all times with a patient? The uselessness of the present style of caps. Are veils practical?

The closing addresses were given by Rebecca Strong of Scotland and Marja Babicka of Poland.

The social contacts of the meetings were fine. Teas were given on two afternoons by committees of lay people, and a reception in the Theater by city officials at which there was ample opportunity for the young nurses from the various countries to meet the officers and members of the Board of Directors. This was also true of the Lake trip.

An interesting local development of the professional spirit engendered by these meetings is that the French nurses are, for the first time, realizing the importance of holding a national meeting of trained nurses in France.

In the more retarded countries nurses are awaking to the possibilities of their profession. The fellowships are doing a great deal for all the countries, America included. A new note was sounded as to the importance of exchanging nurses for the experience to be gained in post-graduate work.

One of the most interesting experiences of the conference was the trip to Leysin to see the work done by Dr. Rollier. This will be discussed more fully later, when his paper is published.

There is to be consideration given to changing the name of the magazine—*The I. C. N.*—as so many people do not understand its significance. The offices of the Council are to be moved to more commodious and pleasant quarters, facing the Lake of Geneva.

The Open Forum

The editors are not responsible for opinions expressed in this department Letters should not exceed 250 words and should be accompanied by the name and address of the writer

Not Related

WAS May Ayres Burgess, Ph.D., director of study for the Grading Committee, ever principal of the school of nursing at Michael Reese Hospital, Chicago?

[No, but Elisabeth C. Burgess, M.A., R.N., who is now assistant professor of nursing education at Teachers College, Columbia University, New York City, was once principal of that school. Miss Burgess is a member of the Grading Committee. She and Dr. May Ayres Burgess are not related in any way.—Ed.]

Need for Nurse Midwives

I GRADUATED from a well known hospital in Brooklyn, had a two-months' course and my last thirteen months as head nurse, called for, day and night. A friend from Johns Hopkins, both of us specialising in obstetrics (in fact, she was teaching the subject), and I, backed by a prominent physician to get a midwife's certificate, called at the Board of Health, New York, and asked to see the doctor in charge. He was busy. We stated our case and were told that trained nurses did crooked business. I was doing private nursing in obstetrics at the time, so I wrote to the physician in charge of the Board of Health, New York, and told him what we wanted and the reply was we did not come up to the requirements. The requirements are six months with untrained women at Bellevue Hospital, New York.

New York. R. N.

How Tuck in a Baby?

COULD any reader of the *Journal* tell me how the "simple trick" referred to below is done? "The head nurse let me practice wrapping the baby snugly in her blankets for sleeping. It was a very simple trick. . . . a simple way of tucking the baby's arms in so that any accidental activity would not waken her." This appears in an article in the March issue of *Children*, the magazine for parents. I would like to know how to tuck a baby in that way.

Canada. S. L. B.

HAVE you mailed that check for the support of the work of the Grading Committee?

Census of Nurses in Industry

NOT all phases of public health nursing were included in the extremely valuable "Census of Public Health Nursing in the United States" which was published in 1926 by the National Organization for Public Health Nursing. No information was gathered as to hospital social service, dispensary, or industrial nursing. The Statistical Service of the National Organization for Public Health Nursing is now getting ready to make a study of industrial nursing, which will be known as the "Census of Nurses in Industry." At present there is little definite information anywhere as to how many nurses are working in industry, where and in what industries they work, and what they do. Therefore, it is planned to make the study as inclusive as possible. By industry is meant not only manufacturing interests, but (the term is used to include) all types of business, such as mining, commerce and trade, transportation, public service and others. Likewise, the study will include not only nurses who are employed directly by such companies, but the nurses employed by various nursing organizations and others, who work in industries or give nursing service to employees. When the study is complete, it is hoped it will be possible to give for nurses in industry the information now given for public health nurses in general,—how many there are, where they work, who employs them, and what nursing service they give.

The National Organization for Public Health Nursing would appreciate receiving from anyone interested, the names of firms, companies, associations, various offices, insurance companies, hotels and large buildings which employ nurses or buy nursing service. Suggestions as to whom to write for information would also be very welcome.

All information regarding nurses in industry should be mailed to Statistical Service, National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

Journals Needed

JUST one number lacking to complete an entire set of the *Journal*, that for November, 1904. If you have this copy to sell, write to Katherine E. Dougherty, Minneapolis General Hospital, Minneapolis, Minn

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. All items should be sent to the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association

Enthusiastic support was given by members of the Advisory Council of the American Nurses' Association to the official request of the Grading Committee that the organization awaken discussion in nursing ranks through a series of pamphlets on group and hourly nursing and the modernized registry when the matter was presented for action at meetings of the Advisory Council, June 4, 6 and 8 in San Francisco.

GRADING PROGRAM HEARTILY ENDORSED

According to the plan proposed, the pamphlets will be available to all districts for their programs, in order that a profession-wide understanding of three of the important issues before nurses may obtain. The Advisory Board went on record as heartily endorsing the program and recommended to the Board of Directors of the American Nurses' Association that the recommendation of the Grading Committee be adopted and that the work be expedited as much as possible.

UNIFORM MEMBERSHIP CARD ADVOCATED

Many organization problems were discussed at the meeting. The question of changing the names of some of the state organizations in order that the nomenclature might be uniform throughout the country was presented, but the motion was lost because of the difficulties in amending articles of incorporation. Strong sentiment was revealed in favor of a uniform membership card which would show the relation of the nurse to the American Nurses' Association, and its adoption was recommended.

WOULD MAKE MEMBERSHIP TRANSFERS EASIER

Recommendations were also made for the provision of uniform transfer cards in order that nurses may transfer from one state association to another without loss of time and without lapse of their affiliation. In this connection, to avoid the suspension of dues resulting from differences in the time of the fiscal year between the states, and between the states and the national organization, the recommendation was made that the calendar year should be the fiscal year, as soon as the state constitutions permit, and that all transfers of membership should be based on the fiscal year of the American Nurses' Association.

State organizations were urged to clear their convention dates through Headquarters in order that overlapping may be avoided as much as possible and so that national officers and representatives may be able to attend more meetings.

SUGGEST PRESIDENT'S PORTFOLIO

To make the lot of the new state officers easier, it was suggested that each new president assuming her duties be given a packet containing material on what others in her office have done, data on committees, the Board of Directors, and on nursing activities in the state and nation. On her withdrawal, she would hand the packet on to her successor with new material enclosed.

MORE STUDY OF PROPOSED CODE OF ETHICS

Miss Roberts made a plea for more study of the proposed code of ethics in order that the nurses may be able to criticise and to build from it when it is presented at the 1928 Biennial Convention in Louisville, Ky. The motion was made that in all states where a committee has not been appointed for the purpose, special study be given the code.

STATES ASKED TO CONSIDER DISTRIBUTION OF "ANAGRAMS"

Reports were made that "Anagrams" has increased from a circulation of 4,000 to 14,000 in two years. The Council recommended that the states at their next annual meetings

make provision for the distribution of "Anagrams" in their state and submit their plans to the American Nurses' Association, to see whether it can provide the number they require.

States were also urged to consider carefully their relation to their official magazine, the *American Journal of Nursing*.

In discussing field work, the members of the Council were asked to consider with other officers and members in their states whether letters sent out from Headquarters outlining paramount issues would help in drawing expressions from the states on the particular kind of service they need.

The states were urged in addition to consider the problem of professional relations and to submit recommendations at the 1928 convention. Wires of greeting were read from S. Lillian Clayton, president, and from Helen F. Greaney. Miss Clayton and Miss Francis were unable to be present on account of attending the Interim Conference in Geneva, Switzerland.

Nurses' Relief Fund

REPORT FOR JULY, 1927

Balance on hand, June 30	$16,410.91
Interest on investments	162.50
Income from Jane A. Delano Fund	122.30
Interest on bank balances	6.18
Reprints sold	.13
	$16,702.02

Contributions

American Assn. of Industrial Nurses	$25.00
California: Dist. 1, $26.35; Dist. 5, $56; Dist. 8, $52; Dist. 9, $168.13; Dist. 17, $14; Dist. 18, $43; Dist. 22, $6	365.48
Florida: Riverside Hosp. Alumnae, Jacksonville, $12; Dist. 2—St. Luke's Alumnae, $5; St. Vincent's Alumnae, $4; individual members, $24	45.00
Kansas: Halstead Hosp. Alumnae	10.00
Massachusetts: Westboro State Hosp. Alumnae	16.75
Michigan: Bay City Dist. $5.50; Battle Creek Dist.—Nichols Hosp. Alumnae, $1	6.50
Nebraska: Dist. 2—Immanual Hosp. Alumnae, $15; Neb. Methodist Hosp. Alumnae, $100; Wise Meml. Hosp. Alumnae, $50; individual members, $10	$175.00
New York: Students, United Hospital, Port Chester, $5; Dist. 5—Binghamton City Hosp. Alumnae, $71; Binghamton State Hosp. Alumnae, $21; Dist. 13, individual, $5	102.00
Rhode Island: Homeopathic Hosp. Alumnae, Providence	15.00
Tennessee: District 4	105.00
Total receipts	$17,567.75

Disbursements

Paid to 159 applicants	$2,355.00	
Salaries	100.00	
Stationery	105.00	
Miscellaneous expense	11.55	
		2,571.55
Balance on hand July 31, 1927		$14,996.20
Farmers' Loan & Trust Company	$3,499.32	
National City Bank	6,009.39	
Bowery Savings Bank	5,487.49	
Invested Funds		116,575.87
		$131,572.07

Note.—All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, leaflets and other information, address the Director of the American Nurses' Association Headquarters.

Army Nurse Corps

During July, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Mary M. DeRoche; to William Beaumont General

Hospital, El Paso, Texas, 2nd Lieuts. Ines Dresser, Louise M. Valle; to Station Hospital, Fort Benning, Ga., 1st Lieut. Margaret E. Thompson; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Eugenia Y. Bergstrom, Mary M. Morgan; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Ida E. German, Anna Loveland; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Josephine V. Bruen, Bernice E. Hanson, Charlotte Dressor, Eilian Davies; to Philippine Department, 2nd Lieuts. Madolin E. Milheim, Viva Brickley.

Ten have been admitted to the Corps.

Winifred Peterson, formerly reported as separated from the service, has been reassigned with station at Army and Navy General Hospital.

The following named have been retired from active service in the Corps under the terms of the Bill passed by Congress for the retirement of members of the Army and Navy Nurse Corps: 1st Lieut. Clara Belle White, 2nd Lieut. Edith M. Rutley.

The following named are under orders for separation from the Corps: Mary L. Applewhite, Susan M. Books, Marie Blixrud, Ida R. Flugum, Anne E. Hendricks, Mary D. Wetherell, Nannie V. Youngren, Florence Johnson, Gladys Berven, Jimmie Iva Shook.

SAYRES L. MILLIKEN,
Captain, Actg. Supt., Army Nurse Corps.

Navy Nurse Corps

REPORT FOR JULY, 1927

Appointments: Six.

Transfers: To Annapolis, Md., Mary A. Snyder, Stella A. Dolloff; to Great Lakes, Ill., Lynn C. Freeland, Sarah I. Hart; to Guam, Florence M. Field, Laura M. Nygren; to Guantanamo Bay, Cuba, Helen V. Duerr; to New London, Conn., Nora A. Reardon; to New York, Anna E. Gorham, chief nurse; to Norfolk, Va., Nellie J. DeWitt; to Pensacola, Fla., Ruth Murray; to Portsmouth, N. H., Elisabeth M. Beall; to Quantico, Va., Olive M. Houghton, Margaret J. Hickey; to St. Thomas, V. I., Helen J. Lord; to Samoa, Bessie C. Graham; to *U. S. S. Relief*, Lona Smith; to Washington, D. C., Annie Bovaird, Laura M. Gemberling, Fern M. Andre.

Honorable Discharge: Marie I. Luckins, Edith M. Conry, Marjorie L. Adams, Marie J. Kane.

Resignation: Harriet M. Grundmeyer, Marie Awes, Verna L. Mitchell.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

The U. S. Public Health Service

REPORT FOR JULY, 1927

Assignments: Seven.

Transfers: To St. Louis, Mo., Anna Moran; to Ellis Island, N. Y., Sheila Fleming, Pearl Stejbach; to Ft. Stanton, N. M., Cora B. Stine; to Memphis, Tenn., Clara J. Heidel; to Norfolk, Va., Margaret Taafe; to Washington, D. C., Nelle George.

Reinstatements: Ruth S. Leist, Ina L. Crawford, Gertrude F. Burns, Hannah Flahive, Lois Blaser, Elisabeth King, Grace Harwood.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT FOR JULY, 1927

Assignments: Forty-seven.

Transfers: To Gulfport, Miss., Elona Underwood, Gussie Boyd, Kate A. Holmes, Kate Cullen; to Castle Point, N. Y., Jennie Nelson, Mary Ripley; to Algiers, La., Mary Smith; to Boise, Idaho, Florence McIsaac; to North Little Rock, Mo., Viola Lorch; to San Fernando, Calif., Flora Fowler; to Ft. Bayard, N. M., Lydia Coe; to Washington, D. C., Sallie Neff; to Ft. Snelling, Minn., Rose Behan; to Rutland Heights, Mass., Emma Fuller; to Aspinwall, Pa., Florence May.

MARY A. HICKEY,
Superintendent of Nurses.

Indian Bureau

REPORT FOR JULY, 1927

Appointments: One.

Separation from the service: Alice L. Wood.

ELINOR D. GREGG,
Supervisor of Field Nurses and Field Matrons.

The American Hospital Association

The twenty-ninth annual convention of the American Hospital Association will be held in the Auditorium, Minneapolis, Minn., October 10–14, 1927. The program in outline is as follows:

Monday, October 10

Morning.—Registration. Inspection of exhibits.

Afternoon.—Administration Section in the General Assembly Hall, Frank E. Chapman, presiding. Social Service Section in Meeting Hall A, Mary H. Combs, R.N., presiding.

Evening.—Opening General Session, R. G. Brodrick, M.D., presiding.

Tuesday, October 11

Morning.—General Session, John D. Spelman, M.D., presiding.

Afternoon.—General Session, Vice President Burlingham presiding. Report of Committee on Simplification, and Standardisation of Furnishings, Supplies and Equipment, Margaret Rogers, chairman. Paper, "The Library in the Hospital," Dr. Richard Olding Beard.

Evening.—Banquet at the Hotel Radisson, with an address by the president of the American Medical Association, Morris Fishbein, M.D.

Wednesday, October 12

Morning.—General Session, President Brodrick presiding. Papers on "Convalescent and Chronic Hospitals" Ernest P. Boas, M.D., and on "Study of Quantity and Unit Cost of Social Work."

Afternoon.—Administration Section, Frank E. Chapman presiding, in General Assembly Hall. Subject: "Hospital Income and Hospital Expense." Dietetic Section, Mary A. Foley presiding, in Meeting Hall A. Subjects: "The Satisfied Guest," "Course for Training Student Dietitians," "Hospital Cafeterias," "Education and Recreation," "Irradiated Foods and the Effect of Sunlight on Food."

Evening.—Out-Patient Section, Frank E. Wing presiding, in General Assembly Hall. Small Hospital Section, Mary E. Yager presiding, in Meeting Hall A.

Thursday, October 13

Morning.—General Session, Glen L. Bellis, M.D., presiding. Symposium on Tuberculosis Sanatoria. Among the subjects for discussion, that on "Planning for Food Service" will be by Charlotte Janes Garrison.

Afternoon.—Construction Section, George D. O'Hanlon, M.D., presiding, in General Assembly Hall. This will include a round table on five topics, the first of which is: "Should the nurses' home conform to the private home standard rather than the institutional standard?" Out-Patient Section, Michael M. Davis presiding, in Meeting Hall A.

Evening.—Nursing Section, in General Assembly Hall, Ada Belle McCleery presiding. Subjects: "Group Nursing," Sister Domitilla; "Grading of Nursing Schools," May Ayres Burgess. Trustee Section, Meeting Hall A, David C. Shepard presiding.

Friday, October 14

Morning and afternoon.—General sessions with reports of committees and final business.

American Protestant Hospital Association

The American Protestant Hospital Association will hold its seventh annual convention in the Curtis Hotel Auditorium, Minneapolis, October 8–10. Topics of special interest to nurses are: *Saturday, October 8*, 11 a. m., "How Much Ought a Hospital Do for Its Employes and Student Nurses," Albert J. Hahn, Evansville, Ind. 2.30 p. m., Symposium on "The Efficient and Economic Administration," The Culinary Department, Margaret Marl, Indianapolis; "Housekeeping and Upkeeping Departments," Carolyn E. Davis, Seattle. 5.10, A moving picture, "The Origin and Development of Biological Products."

Monday, October 10, 9.35 a. m., "What the Grading Committee Has Done," May Ayres Burgess; "School of Nursing Accounting," Dr. J. Stewart Hamilton, Detroit.

The Hospital Library and Service Bureau

At its annual meeting in May, the American Conference on Hospital Service formally accepted an offer of space in the building owned and occupied by the American Hospital Association for its Hospital Library and Service Bureau. Remodelling to suit the needs of the Library and Service Bureau is under way, and the move will be made early in September to 18 East Division St., Chicago, Ill. This move will not, in any way, alter the relation of the Library and Service Bureau to the American Conference on Hospital Service of which it is a part.

St. Barnabas Guild

The forty-first annual meeting of St. Barnabas Guild for Nurses will be held in Cincinnati, Ohio, October 13 and 14 in the Parish House of the Church of the Advent in Walnut Hills.

Foreign News

Korea: An institute for public health nurses was held in Kongjo, in May, with an attendance of twelve. Maren P. Bording has established an infant welfare and prenatal clinic there. Four students were graduated from the Severance Union Hospital School for Nurses, Seoul, in the spring, while midwives' certificates were awarded to four former graduates.

Paris: A preliminary conference to discuss an International Hospital Convention will be held in Paris, France, on September 19, at the Headquarters of the League of Red Cross Societies.

Institutes or Summer Schools

Pennsylvania: Philadelphia.—The evening course in Hospital and Institutional Management of Temple University, will open its fourth year on Thursday evening, October 6. The lectures will be given under the auspices of the School of Commerce, in Conwell Hall, each Thursday evening, from 7.30 to 9.30, for thirty weeks. The course is under the direction of Mr. Charles S. Pitcher, Superintendent of the Presbyterian Hospital, Philadelphia.

Commencements

CALIFORNIA:

Los Angeles.—The White Memorial Hospital School of Nursing, a class of sixteen, on June 2, with an address by Rev. Alonso Baker.

MASSACHUSETTS:

Pittsfield.—St. Luke's Hospital, a class of eighteen, on May 23, with an address by Bishop O'Leary.

WASHINGTON:

Seattle.—Providence Hospital, a class of nineteen, on July 28, with addresses by F. R. Underwood, M.D., Hon. S. J. Chadwick, and Rt. Rev. Monsignor Ryan.

State Boards of Examiners

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, September 13, 14 and 15, 1927, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver, Colo.

Georgia: Georgia examinations for registration will be held October 20 and 21, in Atlanta, Macon, Augusta, and Savannah, providing ten applicants from each are received. Applications must be in the hands of the Secretary, 105 Forrest Ave., N. E., Atlanta, before October 10.

Maryland: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration October 3, 4, 5, 6. All applications must be filed not later than September 12 with the Secretary, Mary Cary Packard, 1211 Cathedral St., Baltimore.

Michigan: THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Detroit, Mich., October 13 and 14, 1927. The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants in Lansing, Mich., October 27 and 28, 1927. Helen deSpelder Moore, Secretary.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination in St. Louis and Kansas City, September 28 and 29. Jannett G. Flanagan, Secretary, 529–a East High St., Jefferson City.

New Mexico: THE NEW MEXICO STATE BOARD OF NURSE EXAMINERS will hold an examination at St. Joseph's Sanatorium, Albuquerque, October 7 and 8. The Board will meet on October 21 in Santa Fé to approve applications. All graduate nurses who have not registered in the state must have their papers in before this date. The officers of the Board are: President, Sister Mary Lawrence, St. Joseph's Sanatorium, Albuquerque; secretary-treasurer, Ella J. Bartlett, 1601 East Silver, Albuquerque.

State Associations

Alabama: THE ALABAMA STATE NURSES' ASSOCIATION will hold its annual meeting at Shocco Springs, September 15–16, with headquarters at the Shocco Springs Hotel. The tentative program follows. *Thursday, September 15, Morning Session*—Addresses of welcome, Judge E. A. Hammett, Talladega; Mayor H. F. McElderry, Talladega; Mayor H. H. Howard, Sylacauga; Response, Margaret Hutton, Montgomery; "The New Psychology and Nursing," Dr. H. S. Ward, Birmingham; "Stabilising the Future of the Private Duty Nurse," Janet Geister, New York: "Medical Ethics and Its Relation to the Public," J. D. S. Davis, M.D.; "Spirit of Nursing," Mrs. Ethel Triteline, Birmingham.

Afternoon Session—Red Cross report, Linna Denny, Birmingham; "Some Essential Occupations for Women," Jane Van De Vrede, Georgia; "Side Lights of the Flood District," Billie Brown, Mobile, and Mrs. Joe Elliott, Birmingham. 2.30, *Public Health Section*—"Nursing and the Public Health," S. W. Welch, M.D.; "World Nursing Activities of the Rockefeller Foundation," Frederick F. Russell, M.D. 6.30, Barbecue and Entertainment.

Friday, September 16, Morning Session, Education Section—Address by Mrs. J. L. Yancey, Birmingham; "Nursing Education and the State Hospital Association," J. M. Mason, M.D.; "Problems of Nurse Training in the Small Hospital," French Craddock, Jr., M.D. *Afternoon Session*—"Some Spiritual Aspects of Nursing," Rev. Mr. Dill; president's address, "What Next," Annie M. Beddow; reports and business.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its fifteenth annual meeting at Ft. Smith, November 7 and 8. All nurses are invited and members are urged to attend.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting at Miami, November 3–5.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will be held at Mount Vernon, October 12–14, members of the Fourteenth District being hostesses.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting in Indianapolis, October 21 and 22.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its sixteenth annual convention in Newton, October 6–8. The program is: *Thursday, October 6*, 8 a. m., Directors' Meeting. 9 a. m., Business Meeting with reports of officers, committees and delegates. 1 p. m., Field Day, with addresses by representatives of the field of nursing—"Field Program for Western States," Agnes G. Deans; "Committee on Grading," Janet M. Geister; "National League," Ada Belle McCleery; "Public Health Nursing"; "Army Nurse Corps," Lieut. Della Hurley; "American Red Cross," Lucille Withers; "Indian Bureau," Nima Myers; "Board of Examiners," Ethel L. Hastings; "Private Duty," Mrs. J. R. McMillan; "Public Health Section," Mabel Alice Taylor; "State League," Cora A. Miller; "Hospital Administration," Sister Alphonsis; "Social Service," Edith Stanforth; "Industrial Service," Mabel C. Beeler; "Tuberculosis," Clara Mears; "School Nursing," Mrs. Rose Wright; "Laboratory Technician," Effie Baker. 6.30 p. m., Banquet. 8 p. m., General Session—Address of welcome, Mayor J. C. Houston; Response, Mrs. R. D. Montgomery; Greetings, R. C. Stone, Dr. R. S. Haury; address, "Legislation," Hon. John C. Mack; introduction of national representatives, Miss Deans, Miss Geister and Miss McCleery.

Friday, October 7, Morning Session—Business and reports. 1 p. m., Session conducted by State League—"Subjects of Importance for the Coming Year," Cora A. Miller; addresses by Miss Deans and Miss McCleery; greetings from neighboring state leagues; discussion of a summer institute; presentation of newer type examinations. 8 p. m., General Session conducted by the Public Health Section—"Those Nerves," Dr. N. R. Smith; "Factors Influencing the Supply and Demand in Nursing Service," Janet M. Geister; address by a representative of the National Organization for Public Health Nursing; report of Paris Convention of American Legion, Agnes A. Newbold.

Saturday, October 8, Business meeting until 10.30, then a General Session conducted by the Private Duty Section—"Nursing Care of Goiter Patients," LaRue Oliver; "The Wassermann Test and Standardization," Katherine A. Sweet; "Hourly, Group and Insurance Nursing to Meet the Needs of the Sick Public," "Findings from the Study of the Grading Committee." 1 p. m., Closing Business Session.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION will hold its eighth annual meeting in Baton Rouge, October 26 and 27. A program of unusual interest is being prepared, on which a special place will be given to discussion of the survey which has been made in the state by the Grading Committee. Further developments of the proposed Southern Division of the American Nurses' Association and reports of interest promise to make this one of the best meetings in the state's history. The biennial election of officers occurs, also. On October 25 there will be a meeting of the Louisiana League of Nursing Education, also a meeting of the State Advisory Council and of the Board of Directors. The Association is being entertained for the first time by the Baton Rouge District, at the State Capitol, and a good time is promised to all who are fortunate enough to attend.

Minnesota: THE MINNESOTA STATE ASSOCIATION will hold its annual meeting in Minneapolis, October 10–14.

Mississippi: The Mississippi State Nurses' Association will hold its annual meeting in Meridian, October 27 and 28.

Missouri: The Missouri State Association will hold its annual meeting in Kansas City, October 24–25.

Nebraska: The Nebraska State Nurses' Association will meet in Lincoln, at the Lincoln Hotel, October 24–26. S. Lillian Clayton, Philadelphia, Clara D. Noyes, Washington, D. C., and Janet M. Geister, New York, will be present. Charlotte Johnson, Chicago, will give an address on "Communicable Disease Prevention," with practical demonstrations. There will be an open evening session on Cancer Control and the Sesqui-Centennial Exhibit, Tuberculosis address and exhibit. A tea will be given at the Governor's mansion.

New York: The New York State Nurses' Association will hold its annual meeting at the Hotel Seneca, Rochester, October 25–27.

Oklahoma: The Oklahoma State Nurses' Association, the State League of Nursing Education, and the State Organization for Public Health Nursing will conduct a joint meeting in Muskogee, October 26–28. Janet Geister will be one of the principal speakers.

Pennsylvania: The State Association will meet in Erie, October 24–29.

Tennessee: The annual meeting of the Tennessee State Association will be held in Chattanooga, at the Read House, October 11 and 12.

West Virginia: The West Virginia State Nurses' Association will hold its twenty-first annual convention in Wheeling, September 23–24, with headquarters at the McLure Hotel. The program as outlined is as follows: *Thursday, September 22*, 9 a. m., Board meeting; 10, opening session; addresses of welcome, response, president's address, reports and business. *Afternoon*, Superintendents' Section—Address by H. F. Spiller, M.D.; "Training School Ideals," Blanche Pfefferkorn; "Renewal of Registration and Message from the State Board," F. LeMoyne Hupp, M.D. 8 p. m., Open meeting.

Friday, September 23, Section Round Tables. Private Duty Section—"Is the Nurse Commercialising Her Profession?" Elona R. Anderson; "Higher Educational Standards"; "The Practical Nurse"; "How Can We Get the Nurses More Interested in Their Organizations?" Superintendents' Section—"Forms of Government in Schools of Nursing," Mother Adelaide; "The Sphere of the Practical Nurse," Anna Bessler; "Affiliation with the National League," Blanche Pfefferkorn.

Saturday, September 24, Superintendents' Section—"Publicity for Schools of Nursing," Dorothy Campbell; "Floor Supervision, How Can We Make It More Valuable?" Blanche M. Young; "Uniformity of Teaching," Mabel Fuller; "Education of the Laity, Parents and Teachers, as a Means of Recruiting Suitable Candidates." Public Health Section—Program incomplete, but there will be demonstrations of a Prenatal Clinic and of "How to Care for Tuberculosis in the Home." Surgical Nursing, paper by Anna M. O'Neill; paper by Elisabeth Curran; a paper on Obstetrics. Book Review luncheon. *Saturday Afternoon*—"Personality as Related to Private Duty Nursing"; "Thrift," John L. Dickey, M.D.; "Nursing Mental Cases," Charles Wingerter, M.D. Final business.

Wisconsin: The Wisconsin State Nurses' Association will hold its annual meeting at the Hotel Astor, Milwaukee, October 10–12, with the following program: *October 10*, Morning Session—Business meeting. Afternoon Session—Private Duty Section, Speaker, Janet Geister, Director, American Nurses' Association Headquarters.

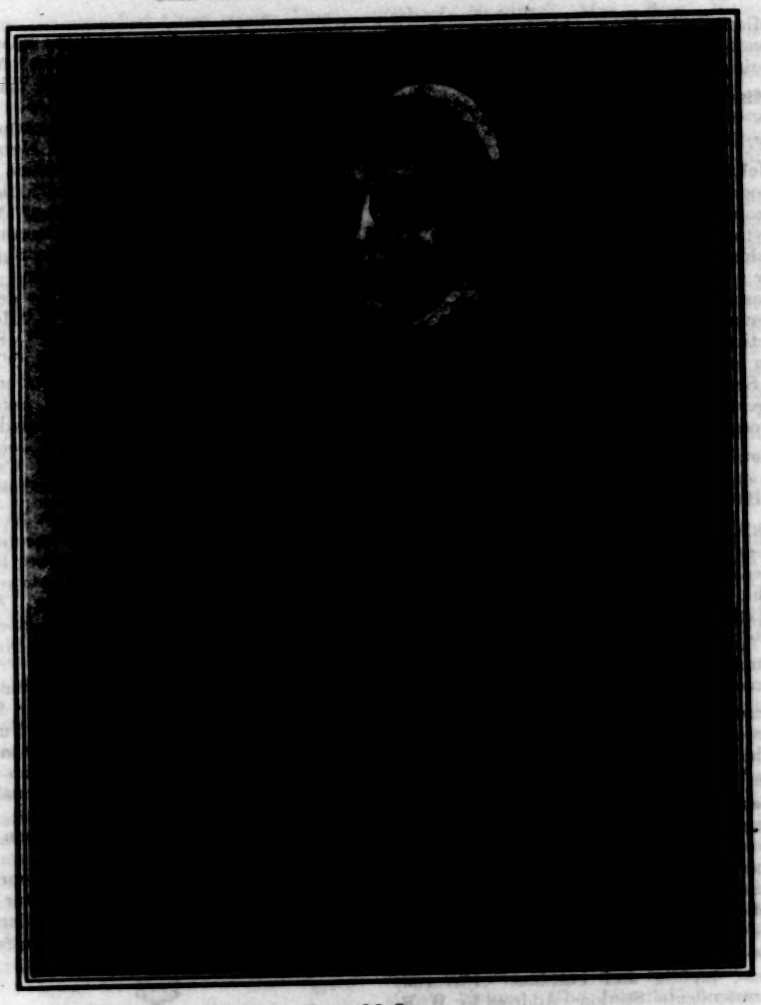
October 11, Morning Session—Business meeting; Red Cross meeting, Speaker, Clara D. Noyes, Director of Red Cross Nursing Service, Washington, D. C. Afternoon Session—Public Health Section, Speaker, Jane Allen, Director, Headquarters National Organization for Public Health Nursing.

October 12, Morning and Afternoon Sessions—League of Nursing Education. The social activities include: on Monday, luncheon for Miss Geister; Tuesday, luncheon for Miss Noyes and Miss Allen; Wednesday, banquet for Annie W. Goodrich, Dean of Yale School of Nursing, New Haven, Conn.

District and Alumnae News

Alabama: Talladega.—The Seventh District met at the Country Club on July 20, where a luncheon was given in honor of the new graduates of the district. At the business meeting which followed, plans for entertaining the State Association at Shocco Springs were discussed.

Iowa: Davenport.—District 6 held a quarterly meeting on July 21 at St. Luke's Hospital, with a large attendance from the five counties. Dr. Markers gave an address on



ELSIE M. LAWLER

"Nervous Diseases," and there was a social hour with music by the Students' Glee Club. The new residence of the Visiting Nurses was opened to the public on August 6, the new building, just completed, having cost $43,000. Clara Crain, superintendent, has served as a public health nurse for 25 years. She has a staff of five. The next district meeting will be held in Clinton in October.

Maryland: Baltimore.—A portrait of Elsie M. Lawler, superintendent of nurses and principal of the School of Nursing of the Johns Hopkins Hospital, was unveiled at the Commencement Exercises of the School, May 26. The portrait which was painted by Harold Knight, an Englishman who has also recently painted several prominent doctors, was presented by the Nurses' Alumnae Association to the trustees of the hospital in recognition of Miss Lawler's seventeen years as principal of the school. It will be hung in the new nurses' home, Hampton House.

Michigan: Marquette.—ST. LUKE'S ALUMNAE entertained the graduating class at dinner, August 30. This is an annual function, and helps to welcome to the Association the class of each year. **Saginaw.**—THE SAGINAW DISTRICT entertained this year's graduates by a banquet and dance, on June 9. On June 30, many district members attended the opening of the new nurses' home of Mercy Hospital, Bay City.

New York: Buffalo.—At the annual meeting of the ALUMNAE ASSOCIATION OF THE MILLARD FILLMORE HOSPITAL, officers were elected: President, Norine Walsh; vice presidents, Lillian R. Wager, Maude Moody, Ida Moody, Bess Meredith; recording secretary, Gertrude Stabenau; corresponding secretary, Josephine Welsh; treasurer, Martha R. Braitmaier.

North Carolina: Tarboro.—DISTRICT 8 held a meeting on July 12, when a report of the state convention was given by the president, Eusla Potts. Miss Ruth, superintendent of the Tarboro Hospital, read a paper on "The Graduate Nurse in the Hospital"; Dr. J. C. Raby read one on "The Doctor, the Graduate Nurse and the Patient."

Deaths

Florence Crawford (class of 1920, Lakeside Hospital, Chicago) on August 13. Miss Crawford had been a private duty nurse, but for the past two years she was in charge of the Home for Incurables, Chicago. She had served as secretary of her alumnae association.

Annabelle Murphy (Class of 1918, American Hospital for Diseases of the Stomach, Philadelphia) on July 3, at Wilmington, Del. Although suffering from a painful affliction, Miss Murphy disseminated happiness among her patients and friends. She was loved by all who knew her.

"DEATH takes us by surprise
And stays our hurrying feet;
The great design unfinished lies,
Our lives are incomplete.

"But in the dark unknown
Perfect their circles seem
Even as a bridge's arch of stone
Is rounded in the stream."

— LONGFELLOW

Questions

25. What is the normal blood pressure?

Answer.—The normal blood pressure is as follows (Cabot): Systolic (blood is streaming into the arteries) 110–135 mm. Hg.; Diastolic (the arteries are closed off from the heart) 60–90 mm. Hg. The blood pressure is less in women than in men and lower still in children—90 to 100 mm. Hg., and in children under two years 75 to 90 mm. It is usually higher in old age. In disease, for instance in nephritis, it may be 200 mm. and more.

26. What is a Ketogenic Diet?

Answer.—"A Ketogenic Diet in the Treatment of Epilepsy" is a diet in which all the fat is metabolised or burned. (See also *American Journal of Nursing*, April, 1926, page 268.)

A metabolized mixture in which the grams of fat are equal to twice the grams of carbohydrate, plus one-half the grams of protein, gives the largest amount of fat that can be metabolized without an abnormal excretion of ketones or the bodies resulting from incompletely oxidized fatty acids.

The following figures suggest the easiest amounts for a patient to take in a daily diet, either:

Protein	*Carbohydrate*	*Fat*
80	50	140
or 100	60	170

The following menu for a day gives about these figures:

Breakfast: ½ grapefruit, or 1 small orange or apple, or 4 prunes; 1 bran muffin with ½ tablespoon butter, or a cereal of bran flakes with ½ glass 20 per cent cream.

Dinner: Clear soup; 2 oz. meat, or fish without fat; any of the 5 per cent vegetables, cooked and dressed with butter, or served as a salad with either French or 1 tablespoon mayonnaise dressing; gelatine dessert or junket, or an apple, apricot, or prune whip.

Supper: Fruit or vegetable salad or 5 per cent vegetable soup, or 1 egg cooked in any way, except frying; one serving of canned or fresh fruit; a cookie or a toasted cracker.

27. What is the Sippy Diet?

Answer.—See "Diet for Gastric Disturbances," *American Journal of Nursing*, September, 1926.

28. What is the diet for gout?

Answer.—Which kind of gout? There are two—rich man's and poor man's.

In acute gout or podagra (rich man's gout) the first treatment is emptying the intestinal canal, followed by a starvation diet with large quantities of water. This should be carried on for two or three days. Then 4 glasses of milk may be given the following day, after which the following diet:

6 a. m.—Milk, 180 c.c. (6 oz.).

8 a. m.—Milk, 180 c.c.; 2 tablespoons cream of wheat or wheatena with 60 c.c. (2 oz.) of cream and 2 tablespoons of sugar; 1 soft boiled egg; 1½ slices bread; 1 pat butter.

12.30 p. m.—*Dinner:* Milk, 180 c.c.; 1 egg, soft boiled, or 1 baked potato; 30 c.c. (1 oz.) cream; 1 pat butter; lettuce or green cabbage with mayonnaise dressing; 1½ slices bread.

3.30 p. m.—Milk, 180 c.c.

6 p. m.—*Supper:* 2½ tablespoons boiled rice; 30 c.c. cream; 1 tablespoon sugar; 4 Uneeda biscuits; 1 pat butter; 1 2-in. cube of American cheese.

9 p. m.—Milk, 180 c.c.

Gradually, by doctor's orders, small amounts of meat and vegetables may be added, until the patient has a normal diet. It has been an abnormal diet that has caused the gout.

It is a subnormal diet that may cause poor man's gout. A good general diet, increased in amounts from day to day, up to a normal diet, will usually restore the patient.

A basic diet is a diet that will keep a patient in nitrogenous equilibrium and at an even weight. As patients vary, a maintenance or basic diet must be found by measuring the foods taken and weighing the patient at regular intervals.

A SATISFACTORY solution of such an intricate problem, the grading of nursing schools, can only be reached by the patient coöperative effort of all those concerned, each group trying, with trustful confidence, to understand the peculiar needs, difficulties, and opportunities of the other.—From "A Five-Year Program for the Committee on the Grading of Nursing Schools," by MAY AYRES BURGESS.

A Suggestion for Vacation

THE delightful vacation house, Fairview, at Rowley, Mass., is open at moderate rates to nurses from all parts of the country. Those who have spent a week-end there want to return and stay longer.

About Books

SOCIAL WORK A FAMILY BUILDER. By Harriet Townsend. 247 pages. W. B. Saunders Company, Philadelphia. Price, $2.25.

"SOCIAL Work a Family Builder" is excellent for use among student nurses since it is written from the standpoint of actual existing conditions, emphasizing the common, everyday problems that we meet at every turn of our work. The student nurse needs a clear understanding of the relation of her work to other forms of social service, and to know how she may help her patient through personal contact with the individual and family. Some of the social problems of today are familiar to the student, others she vaguely senses and many are entirely unknown to her. Yet there is no profession that calls for a better understanding of social problems than does nursing. Nurses are called upon to work with men and women under abnormal strain. The physical state is familiar to them—it has been the subject of lectures, reference reading and study—but we are just beginning to emphasize the emotional element and its relation to the physical condition. Sociology and psychology attempt to explain the relation of the different members of society to one another, and why men think, feel and act as they do. Student nurses do not deal with vast social problems, as a whole, but rather with the units of which the great problem is composed. They work with the sick individual, and the relation of his sickness to those dependent upon him, and the result of his anxiety for his family. The student nurse, if she is to contribute her share to the social service of nursing, must see her patients primarily, not as members of a complex social structure but of a family, with the responsibilities, anxieties, privileges, and joys of this position. This book will give her the necessary point of view.

The earlier chapters, dealing with the reasons for social work and its origin, parallel growth with social progress, and contrast between ancient and modern practice, lead up to a consideration of the unit of society—the family. This is followed by an analysis of the function of the family and the change brought to bear upon it, immigrant or native-born, through conditions in modern social life.

The chapter on "The Family Standard of Living" shows in a practical way the union between the social and economic problems of the present industrial system, emphasizing the part played by sickness and lack of physical stamina. The closing chapters show what may be done by social work. The use of the scientific method of giving relief (a program actuated, not governed by emotion) is discussed. An excellent section gives an outline of how to approach the problem of helping the family to perform its true function—"to be the training center for the little children, and a physical and spiritual base from which youth goes forth, fortified in body and spirit to adventure into new and untried associations." The discussion of the "Social Treatment of Tuberculosis" and the "Necessity for Health Insurance" are of especial interest.

"Family Social Service under Public or Private Auspices" is a chapter that no public health nurse should fail to read. The relation of the various branches of social work in their common effort to help the individual in his logical surroundings—the home—is

stressed in this chapter, one of the most valuable in the book.

"Social Work a Family Builder," although discussing the needs of a number of social workers and not those of nurses alone, answers, in the following quotation, the question so often heard: "Why should nurses study sociology or applied social science?"

> The effort to make people fit and strong for the battle of life is often the all-absorbing task. This immediate and pressing service is not an end in itself, however, but a means of releasing human power for the things of mind and spirit.

The book should be in every library as a reference book, and it would be valuable as a textbook for nurses studying social service.

GLADYS SELLEW, R.N. and
HARRIET WYANDT, R.N.
Cleveland, Ohio.

THE CLINICAL INTERPRETATION OF BLOOD CHEMISTRY. By Robert A. Kilduffe, M.D. Illustrated. 186 pages. Lea & Febiger, Philadelphia. Price, $2.50.

THIS book (with the exception of one chapter) is certainly not suitable for nurses, and indeed its author states that it is a compilation of "outstanding information" intended to familiarize the *medical* practitioner with the significant facts of blood chemistry, their clinical application, and interpretation. He hopes for the time when "the chemical examination of the blood in disease should be. . . as common and as widely used a clinical procedure as the leukocyte and the differential count in acute infections." Looking through this book might serve to impress upon nurses the widely extended usefulness of chemistry to clinical medicine, but the style of the book is not such as would hold their interest, while its subject matter is too technical to meet their needs. In fact, it seems doubtful whether it would prove a satisfactory guide to the average practitioner without any supplementary reading or instruction for, in the attempt to be sufficiently brief and final so as to avoid confusion in the minds of his readers, the author has cited only a small portion of the available literature and has a tendency to be indefinite as to detail or to make broad general statements which might be misleading. On the other hand, there is much in the book, notably some of the tabulations and arbitrary standards, which it would probably be helpful to some practitioners to have in compact and easily available form, and it might well stimulate their interest in this extremely valuable and rapidly developing field. The chapter dealing with the collection of the specimen would be of interest and value to nurses who have any part in taking blood specimens, and stresses the fact that chemical examinations are worthless unless the blood has been taken at a proper time and under suitable conditions.

L. JEAN BOGERT, PH.D.

HYGIENE AND SANITATION. By Jesse Feiring Williams, M.D. 344 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, $2.00.

THE contents of this book is in nine chapters, all on health care: In Modern Times, Of One's Self, Of the Expectant Mother, Of Babies and Young Children, Of the Aged, Infirm and Invalid, In Disease, Of the Home, In the Factory, In the City, State and Nation, and On an International Basis. With so broad a scope few authors could, in 320 pages, do justice to the wide range of subjects. Dr. Williams has, however, made so wise a choice of material which he has set

forth in so clear and direct a manner that the book is a distinct contribution to nursing literature.

Outstanding features of the book are: The free use of well chosen illustrations, such as that showing the effects of diet deficiencies in rats, or that showing posture defects; and frequent use of drawings and graphs, as that ingeniously showing the Ehrlich hypothesis on development of body protection; or the effect of tonsillectomy on recurrence of rheumatic complications.

Both the student and the instructor will value the brief outlines at the beginning, and the thought-provoking questions at the close of each chapter, as well as the list of collateral readings at the end of the book. While some chapters follow somewhat closely parts of Doctor Williams' "Personal Hygiene Applied," this new book will meet a distinct need for the course on Sanitation, as outlined in the new Curriculum. It should find immediate and widespread use in schools of nursing, and be of great value to the older nurses who want to gain the newest facts on hygiene and sanitation without extensive reading.

HELEN FARNSWORTH, R.N.
Kansas City, Mo.

EXAMINATION OF CHILDREN. By Abraham Levinson, M.D. Second edition. 192 pages. 85 illustrations. The C. V. Mosby Company, St. Louis. Price, $3.50.

THE passing of the "family physician" with his interpretation of methods of diagnosis and the dawn of the century of the child have been marked by the finer, more thorough, more complete clinical and laboratory methods for examination of children. Dr. Abraham Levinson, associate in pediatrics, Northwestern University Medical School, has outlined in his second edition, methods of clinical procedures for infants and children.

The methods presented are simple and might easily be carried out by the practitioner of medicine. The book includes a description of simple laboratory tests that might be made in an ordinary laboratory and a discussion of the interpretation of clinical laboratory tests as applied to infants and children.

The articles, intended primarily for the medical student and general practitioner, contain facts which should be of special value to the nurse instructor in supplementing her reference reading for teaching the practice of nursing. The illustrations are clear cut and would be of value to the student nurse in so far as she assists the physician in the administration of a few of the more common treatments and in the examination of the child. This edition has been worked over carefully, sample charts have been added for case study work and methods of examination have been simplified, added, or elaborated upon.

The book is a little clumsy to handle but it has a good appearance; the arrangement is systematic and it is easily read.

MARGUERITE C. ERXLEBEN, R.N.

CHEMICAL LABORATORY MANUAL. By L. D. Bogert, Ph.D. 142 pages. W. B. Saunders Company, Philadelphia. Price, $1.50.

THIS laboratory guide written to accompany Dr. Bogert's "Fundamentals of Chemistry," .can well be used with any other text. According to the foreword, the author's aims are "First, to provide simple experiments; second, to follow each experiment with questions, so worded that they will bring out the main points to be observed; third, to place all the more complicated manipulation in the hands

of an instructor; fourth, to reduce to a minimum the amount of exact weighing and measuring; fifth, to introduce the questionnaire system of recording notes; sixth, to provide a general study plan."

Dr. Bogert is to be congratulated on the achievement of her aims. The ninety-two experiments are easily performed and well selected. The questions stimulate the pupil to think. The manual is adaptable to a long or a short course. The student nurse should learn from it the fundamentals of chemistry and learn to appreciate their value in the better practice of her profession.

H. E. WANNER, PH.D.
Philadelphia, Pa.

BOOKS RECEIVED

MIRRORS OF GOD. Written for the inspiration of all nurses of whatever creed. By Rev. E. F. Garesche, S.J. 146 pages. The Bruce Publishing Co., Milwaukee, Wis. Price, $1.50.

NUTRITION OF MOTHER AND CHILD. By C. Ulysses Moore, M.D. Including menus and recipes by Myrtle Josephine Ferguson. Illustrated. 236 pages. Third edition, revised. J. B. Lippincott Company, Philadelphia. Price, $2.

TRANSACTIONS OF THE AMERICAN HOSPITAL ASSOCIATION. Twenty-eighth Annual Conference, held at Atlantic City, N. J., September 27–October 1, 1926. Volume XXVIII. 768 pages. American Hospital Association, Chicago.

THE MODERN HOSPITAL YEAR BOOK. Seventh edition. 848 pages. Modern Hospital Publishing Company, Chicago. Price, $2.50.

An amazingly comprehensive compendium of data on hospital planning, equipment, organization and purchasing. The volume includes valuable editorial matter and an index to commercial sources of all the conceivable types of hospital supplies.

DIRECTORY OF CONVALESCENT HOMES IN THE UNITED STATES. Fourth edition. The Burke Foundation, White Plains, N. Y.

THE COUNTY HEALTH UNIT, a publication of the Milbank Memorial Fund, grew out of a conference called by the governor of New York to discuss the next step in the development of rural public health work.

CITY HEALTH ADMINISTRATION. By Carl E. McCombs, M.D. 524 pages. The Macmillan Company, New York. Price, $5.50.

APPROACHING MOTHERHOOD. By George L. Brodhead, M.D. Third edition. 193 pages. Paul L. Hoeber, Inc. New York. Price, $1.50.

THE COUNTY HEALTH UNIT. By Governor Alfred E. Smith and others. 40 pages. Milbank Memorial Fund, New York City.

PRACTICAL PEDODONTIA or Juvenile Operative Dentistry and Public Health Dentistry. By Floyde Eddy Hogeboom, D.D.S. Second edition. Illustrated. 108 pages. The C. V. Mosby Company, St. Louis. Price, $3.50.

HYGIENE AND SANITATION. A Textbook for Nurses. By George M. Price, M.D., Fifth edition, thoroughly revised. 286 pages. Lea & Febiger, Philadelphia. Price, $2.25.

CAUSE AND CURE OF SPEECH DISORDERS. A textbook for students and teachers on stuttering, stammering and voice conditions. By James Sonnett Greene, M.D. and Emilie J. Wells, B.A. Illustrated. 458 pages. The Macmillan Company, New York. Price, $4.50.

BIRTH INJURIES OF THE CENTRAL NERVOUS SYSTEM. Part I. Cerebral Birth Injuries and Their Results. F. R. Ford, Johns Hopkins Medical School. Part II. Obstetrical Injuries to the Spinal Cord. By Bronson Crothers and Marian C. Putnam, Harvard Medical School. 220 pages. Illustrated. The Williams and Wilkins Company, Baltimore. $4.00.

ADVANCED METHODS OF MASSAGE AND MEDICAL GYMNASTICS. By Ida C. Shires and Dorothy Wood. 173 pages. Illustrated. Faber and Gwyer, Ltd. London. 1927.

OVERCOMING TUBERCULOSIS. An Almanac of Recovery. By Gerald B. Webb, M.D. and Charles T. Rider, M.D. Third edition revised. 81 pages and a series of charts. Paul B. Hoeber, Inc., New York. Price, $2.00.

Official Directory

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y. Sally Johnson, Boston; Stella Goostray, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Secretary, Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty,** Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section,** Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee,** Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. **Revision Committee,** Chairman, Dora M. Cornelisen, 148 Summit Ave., St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive secretary, Blanche Pfefferkorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

New England Division, American Nurses' Association.—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Mary Alice McMahon, Boston State Hospital, Boston, 24, Mass.

Middle Atlantic Division.—President, Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—President, Adda Eldredge, State Board of Health, Madison, Wis. Sec., Mrs. Alma H. Scott, 309 State House, Indianapolis, Ind.

Northwestern Division.—President, E. Augusta Ariss, Deaconess Hospital, Great Falls, Mont. Sec., Floss Kerlee, State Hospital, Warm Springs, Mont.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Elinor D. Gregg, Field Director of Nurses, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

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